THE CHICAGO
MEDICAL EXAMINER

VOL. I. NOVEMBER, 1860. No. 11

ORIGINAL COMMUNICATIONS.

REPORT ON THE MEDICAL USES OF VERATRUM VIRIDE.

By A. HARD, M. D., of Aurora.

The medical profession have long needed some agent which could be relied upon to control the action of the heart, which should be free from the objections that apply to the use of the Lancet, and the arterial sedatives formerly employed. Feeling this want keenly, in the spring of 1852, and having read an article on the use of veratrum viride, from the pen of Dr. Norwood, published in the *North-western Medical and Surgical Journal*, I commenced its use (rather experimentally) in the treatment of Acute Pneumonia, and so completely did it fulfil the indications for which it was administered, and fill the *vacuum* among our ordinary remedies, that I have come to the conclusion to class it with our most reliable remedial agents. It always finds a place in my pocket case. In order to obtain as much practical information as possible, (and in making a report, I wish to have facts gathered at the bedside of the sick upon which to base conclusions rather than any, however, finely wrought theories), I issued two hundred circulars, and addressed one to each member of this Society, and the remainder to other physicians in this and adjoining states, asking for information upon the subject of this report. The answers to the questions proposed in the circular, with but one exception, so nearly corresponded with my own observation, that I have been confirmed in the opinion I had previously formed.

I propose to notice the questions proposed in the circular, and briefly give the conclusions to which I arrived, both from my own experience and professional correspondence.

Question. 1st. Have you made use of Veratrum Viride in your practice?

This was proposed for the reason, that I thought it desirable to record facts and experience rather than theories, as being more in accordance with the objects of this society, and of more practical importance to the profession at large.

Question. 2. In what form do you use it; (if the tincture; whose preparation?) and in what dose?

In my own experience I have been much perplexed by obtaining preparations of the veratrum viride of such variable strength, that it required considerable experimenting upon the receipt of each prescription to ascertain what was a proper dose. I have always used the tincture. Some times of my own preparation, made according to the U. S. Pharmacopœia, at other times made by druggists to order, and also, the tinct. as prepared by Tilden & Co., Keith, Norwood, Merrill, &c., &c. It is of the greatest importance that the physician be well apprised of the strength or virtue of the preparation used, as a mistake, made with so potent an agent as Veratrum, might prove fatal. I have found that Dr. Norwood's tincture corresponded to that prepared according to the U. S. Dispensatory, and that from 8 to 10 drops was a medium dose for an adult, and that half that number 4 to 5 drops to be a dose of Keith's tincture.

Question. 3. What are its effects?

Here, my experience corresponds with those who have answered the circular. It is the most reliable arterial sedative, most certain in its effects, and least dangerous of any with which I am acquainted. It is also emetic and diaphoretic, but secondarily so. In all cases where I have given it in sufficiently large doses to produce emesis, it first reduced the circulation below the normal standard, and the skin became uniformly bathed with perspiration. One unacquainted with its use might easily become alarmed at the great prostra-

tion and difficulty of breathing of a patient who had taken enough to produce severe vomiting, and although I consider it unnecessary to administer it in so large doses, yet when the emetic effect is produced, I find it easily controlled by ordinary alcoholic stimulants, or some of the preparations of opium, of which I prefer the tincture. Veratrum promotes the secretions from the skin and muocus membranes, and from this cause emetic doses may be dangerous particularly to young children, the secretion from the bronchial mucous membrane being so great as to produce suffocation. Therefore, although it may be administered to adults, in diseases which produce a state of high arterial excitement, without danger, it should be given to infants with the greatest care. I am pretty well satisfied that its use promotes the secretion and discharge of bile. But have not found it to act as a cathartic in any case, farther than would be expected from a general relaxation of the physical system.

Question. 4. In your opinion, what is its modus operandi?

A solution of this question would be most desirable, but I entertained faint hopes of a satisfactory answer when it was proposed. I hoped to be able to analyze the blood taken from persons while under its influence, but have not been able to make a satisfactory test, and am as much in the dark on that point now as when I was appointed to report on this remedy.

In all cases where I have used the veratrum, sufficient time has elapsed from the administration to the apparent effects, for it to be absorbed and enter the circulation, and it is most reasonable for me to believe that it makes its impression upon the nervous system through that source, rather than upon any one set of nerves by any special tendency, choice or selection. In Vol. 6 of the *North Western Medical and Surgical Journal*, page 463, a case of poisoning is reported by Dr. J. S. Pashley, in which a man in good health took by mistake ʒ ii. of the saturated tincture of Veratrum Viride. "He staggered forward about fifteen or twenty feet, when he fell to the floor and commenced vomiting violently and complaining of distressing dyspnea and total blindness."

This case would favor the idea that the impression was made directly upon the nerves, as the medicine would hardly

have had time to enter the circulation and become generally diffused through the system.

Question. 5. What value do you attach to it as a remedial agent?

In view of what has already been said, I regard the Veratrum Viride as being worthy of a place in our Materia Medica along with opium, which is the highest encomium I can bestow upon it.

Question. 6. In what diseases have you found it most useful?

I have found it most useful in diseases of an inflammatory type, such as acute Pneumonia, Rheumatism, Dysentery and Peritonitis, particularly Puerperal Peritonitis; and in treating such cases I administer a full dose when first called, so as to bring the patient under its influence as soon as possible, and in many cases it will be found as effectual in arresting the farther progress of the disease, as water is to quench fire. After the specific effects of the remedy are obtained, it should be continued in smaller doses, sufficiently large to keep the pulse at or a little below the normal standard.

But I do not propose to give my own observations to the exclusion of my correspondents, and here I would express my thanks for the number of answers to the circular which have been received, and from among them I have the following from Prof. W. H. Byford, of Chicago:

"I have used the saturated tincture for the last four years. My plan of administering it varies with the intensity and rapidity with which the disease runs its course, the possibility of interrupting its progress and the constitution of the patient. I find nervous patients more susceptible of its influence than the strong and plethoric, but not the less certainly benefited by it, because of this increased susceptibility, and any thing that decreases plethora and gives preponderance of nervous phenomena over that of the circulatory system will enhance the readiness of its action. On the contrary, anodynes will stop or very much modify its effects. The first perceptible effects are upon the circulation, though I think really secondary, reducing the pulse from tumultuous activity to calm tranquility.

The pulse, so far as I can judge, first, also becomes fuller and softer, but if the agent is still pushed further, it secondarily is rendered feeble and very soft. Its secondary effects are upon the alimentary canal producing nausea vomiting and catharsis. These symptoms are not desirable, and may be avoided by partially or totally withdrawing it after the pulse has been sufficiently modified. The general secretions including nearly or quite all of them are increased as this stage of effects are brought about, and may be very profuse particularly the hepatic, cutaneous, and urinary. Calorification next is interfered with, and coldness succeeds; probably the prostration might be easily carried to a fatal extent by still further administration of the drug. But as yet, although to those unacquainted with its peculiar operation some what alarming, I have never seen any serious results from its use. I am unable to say from observation whether it possesses abortive qualities or not, but from a remedy of such very decided perturbating character, I should fear bad effects in pregnant women, unless very closely watched. Aside from any peculiar property in this respect, my opinion is that its first effects are upon the great sympathetic nerve, and through it all the other after effects are produced. It does not seem to me to influence the cerebro spinal system in a direct manner.

My usual plan in cases of medium severity is to administer it in quantities of about one drop every hour for an adult. It may be well to give in four drop doses every four hours. If the patient takes about twenty-four drops at intervals during twenty-four hours, it will usually be enough to produce a decided effect in thirty-six or forty eight hours. Should the disease be a rapid and destructive one, I give sometimes double that quantity, soon as the pulse is controlled as much as desired, it should be lessened one half, or even more, as the case may be, but in bad cases not withdraw entirely. By careful management in this way, its influence may be prolonged to an almost indefinite time. By giving it in large doses, say two drops every hour, we may often have its effects in from twelve to twenty-four hours.

I regard it as one of our most reliable remedies, and not any more dangerous than thousands of our Sampson remedies. Opium and alcohol seem to almost instantly arouse the nervous energies of patients unduly prostrated by Veratrum Viride, and hence its effects are certainly under our control. Another fact of importance is, that we always have warning through the pulse of the approach of the graver effects, and thus are enabled to avoid them. It is essentially accumulation, so that the pulse that has resisted it for twenty-four hours, may in the next half hour or hour be very much controlled by it. I use it in all forms of fever that is likely to persist for several days, except the eruptive. I have been wary in the use of it in Scarlatina and Measles, lest it might suppress by its powerful revulsive direction to the alimentary tubes, the rash. For the treatment of their sequela, however, I think it very reliable, but it is in inflammations I esteem it most; Pneumonia, Arachnitis, Nephritis, Laryngitis, and in fact almost all inflammations, except those of the mucous membranes of the alimentary canal, and I cannot speak against it in these, for I have not used it in them. Convulsions of infancy and child-bed, Delirium Tremens, Insanity, &c., may all be benefitted by its judicious use. Hectic fever has been very favorably modified by it in some instances, also.

I have seen the pulse reduced from 160 per. minute, to 36 in the same time, after its administration, twenty-four hours in a case of recent occurrence.

In answer to the inquiries of our circular, Dr. Hiram Nance, of La Fayette, Stark Co., writes, that he has used the Veratrum Viride in his practice during the last six years. That he has used the Norwood's tincture, and gives it in doses from 6 to 7 drops every three hours, to males, and from 4 to 6 drops to females; continuing it generally until the pulse is reduced to 75 or 80 beats per minute. In regard to its effects, he says: "It is a powerful sedative; directly depressing the vital forces, acting directly on the great centre of circulation, and through the blood upon every part of the system. It possesses its sedative properties independent of any narcotic effects; subduing the arterial action in from two to five hours from the time

the first dose is administered." He thinks Morphia or any of the preparations of Opium, capable of counteracting the excessive effects of the Veratrum. In regard to the value of Veratrum as a remedial agent, Dr. Nance ranks it with Calomel, Opium, and other important articles of the Materia Medica. He has found it most useful in the treatment of active inflammations, such as Pneumonia, Pleurisy, Meningitis, Rheumatism, and the more active grades of fever.

Dr. Benj. Woodward, of Galesburg, writes, that he has used the Veratrum Viride, extensively for the last three or four years; both in the form of Norwood's Tincture, and Tilden's Fluid Extract. He thinks it produces its sedative effects on the action of the heart, diminishing the frequency and force of the pulse, and the frequency of respirations, by impressions made on the par vagum nerve, and somewhat also on the sympathetic. He thinks it exhibits no narcotic qualities, and but feeble tendency to disturb the bowels; while it pretty uniformly increases the action of the skin and kidneys. In estimating its value as a remedial agent, Dr. Woodward, places it on a level with Opium, Quinine, and Calomel. The principal diseases in the treatment of which he uses the Veratrum, are the acute Phlegmasia, Apoplexy, Scarlatina, and the more sthenic grades of fever. He sometimes uses it in conjunction with Quinine, and thinks they naturally aid the action of each other.

Dr. Thos. J. Cornell, of Waterloo, states that he regards the Veratrum, as a very valuable remedy, and that he has found it "most useful in all diseases attended with much arterial excitement."

Dr. A. G. Randall, of Mechanicsburg, writes that he has used the Veratrum for eight years, chiefly in the form of Norwood's Tincture, and prefers to give it in as large doses as the stomach will bear, and "as an arterial sedative, thinks it has no equal." He also attributes to it Expectorant, Antispasmodic, and Diaphoretic Properties. The following is Dr. Randall's method of using the Veratrum in acute inflammations:

"Place the patient in a recumbent position; feet in a warm bath; fomentations to the seat of pain; and give at once from

30 to 40 drops of Tincture of Veratrum Viride, in toddy or peppermint sling, in connection with from 4 to 10 grains of Opium, or its equivalent of Morphine."

Dr. J. B. Meigs, of Manito, in answering our inquiries, says he has used the Veratrum Viride almost daily for four years, and finds it the most reliable arterial sedative we possess, promoting expectoration and diaphoresis, and also acting as a powerful antispasmodic. He uses it chiefly in the treatment of the acute Phlegmasia, Puerpural fever, and Puerpural convulsions. He successfully treated a case of the latter disease in June, 1857, and has known several other cases treated since by others with equally satisfactory results.

Dr. P. K. Guild, of Aurora, writes that he has used the Veratrum Viride in the form of Norwood's Tincture, and in doses of from two to ten drops, repeated every 3, 4 or 6 hours, Thinks it a reliable sedative, and when continued long, usually producing either emetic or cathartic action. He says, "the value I attach to it as a remedy, is what I would call second rate."

Dr. S. York, of Paris, Ill., writes that he has used the Norwood's Tincture of Veratrum Viride, in a great variety of inflammatory affections, since 1853. He regards it as a very reliable and valuable arterial sedative, rendering the use of the Lancet very rarely necessary.

Dr. T. D. Fitch, of Kewanee, states that he has used the Veratrum Viride since 1854. He prefers Norwood's Tincture to any other preparation in use, and gives it in doses of from 4 to 6 drops, repeated every three or four hours, until the desired effect is produced. He regards it as a very efficient sedative, and in large doses an emetic. In value, he regards it as worthy to be ranked with the most important articles of the Materia Medica. In his practice, especially in the treatment of the more acute Phlegmasia, he has made it supercede the use of both, Tartrate of Antimony and Potassa, and the Lancet, except in a few rare instances.

REPORT OF THE COMMITTEE ON PRACTICAL MEDICINE.

By C. GOODBRAKE, M. D., of Clinton.

By the Constitution of the Illinois State Medical Society, it is made incumbent upon the Committee of Practical Medicine, to "prepare an annual report on the more important improvements effected in this State in the management of individual diseases; and the progress of epidemics; referring as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, during the term of their service."

Owing to the fact that we have no registration law in our State, which would permit proper data from which we could more easily gather the necessary statistics, it is a very difficult task to comply strictly with the foregoing provision of our Constitution; and in order to overcome, as far as possible, this defect in our State laws, your Committee was compelled to solicit the co-operation of individual members of the profession. Accordingly, soon after the meeting of the Society in Decatur, we sent the following circular to a large number of medical practioners throughout the different sections of the State:

1. What have been the most prevailing diseases in your locality during the year? Give causes, symptoms, treatment, and rate of mortality.

2. Has any unusual epidemics prevailed in your section of country? If so, give character, treatment, etc.

3. Do the ordinary diseases of your region seem to undergo changes from year to year? If so, what are those changes, and what different treatment is necessary?

4. Has Typhoid Fever been prevalent in your section of country? Give your views of the pathology of Typhoid Fever, also, your treatment, etc.

5. Has Cholera Infantum prevailed with you during the year? Give cause, treatment, etc.

6. Has Diphtheria been prevalent with you? If so, give your views of the disease, treatment, etc.

7. Has Stomatitis Materna prevailed in your vicinity? Give suggestions as to causes and treatment.

8. Have you any improvements to suggest in the treatment of any disease?

9. Please give topographical description, so far as practicable, of your locality, together with any facts that may come under your notice, which will be interesting to the profession.

Very few of those to whom the circular was sent, took the trouble to respond; and some who had even promised to aid us in our task, seem proper to forget us entirely. But to those few gentlemen who had the kindness to notice our solicitations, and answer our interogatories, we would take this occasion, in the name of the Society, and in behalf of your Committee in particular, to return our sincere thanks.

Instead of attempting to systematize, in the arrangement of this report, the Chairman has taken the liberty to insert, as near as possible, each individual communication in the order in which they were received; with such comments or remarks as he has deemed necessary or expedient.

The first answer to our circular, was received from Dr. J. N. Niglas of Peoria. He premises his answer to our interogations, with a few very sensible remarks in favor of a registration law.

Dr. N. writes as follows:

"Having duly received your circular, and perused the questions asked, and proposed to the profession in this State, I for one consider it to be a duty to answer, so far as individual experience will permit me to do; and whilst being about to do so, I cannot but complain about the defective condition of our laws and regulations, concerning such matters as are in

intimate connection with the advancement of the profession in various ways. Where is there kept any record of the number of births in the different counties? Where of the deaths? How shall a reliable census be arrived at, as to the increase of population, and how is it possible to determine the ratio of mortality in one years time; and either the fatal character of a prevailing disease or the effectiveness of treatment, if no public records are kept; and the physicians day book is the only fountain from which the State Medical Society is to derive information.

The way to answer such interogatories as were asked in your circular, with satisfaction to the Committee and to the Society at large, would be, first to petition for such laws as would enable the secretaries of the different societies in our counties, to obtain correct statistical numbers as to births and burials, with the additional notice of the disease, of which the person had died; also the name and age, and such other remarks as might be deemed necessary. Such is the law in France, Germany, and wherever the government takes interest in medical affairs for the common good of its citizens. And to make it work for the best of your investigations, such a law should be passed by our Legislature, as would command every Sexton, or other persons, throughout the State, not to bury any person without a certificate from the physician last attending the deceased; which certificate he should be compelled to file with the County Clerk.

Thus a firm and reliable basis would be established, and no doubt but the Secretaries of County Societies, though a considerable task this would be to many of them, would in my opinion, cheerfully serve the profession, by forwarding copies of lists or records found in the archives of their several counties.

Permit me sir, to beg your pardon for the premonitory remarks I made, but believe me they are deemed necessary, and are, if reflected upon and carried out, a main and important assistance to every Committee charged with a task as you are now."

Dr. N. replies to the second interogatory in our circular as follows:

"If any disease prevailed during the last twelve months in the city of Peoria and vicinity, it was Scarlet Fever, and it is evident from the preceding part of this communication it passed nearly through all stages an epidemic may possibly pass; and an epidemic I must call it, in as much as in our complex population there are left but very few families in which the disease did not make its appearance. But how it originally came amongst us, whether by contact, or by spontaneous creation of its virulent agent, I cannot be positive; although I am disposed to believe, that we owe it to importation from places in our neighborhood; where, whilst we had Small-pox, this specific fever plagued the inhabitants, as I mentioned before. Certainly there are reasons, which, when taken into consideration, might establish a basis whereupon we possibly could build up a theory for its spontaneous generation amongst us. As early in the spring of the year past, as April and May, diseases commenced to develope, which manifested the character of erysipelas in its various forms and shapes, and though at the outset, they proved to be only a fever characterised by the specific frequency of the pulse, and its specific urine, without any other physical signs; yet, when the temperature was increased, a more decided form was unfolded, as for example: Erysipelas of the face, to which in some cases became accessary, slight symptoms of sore throat, which were followed by the decided appearance of the disease in question. There is no doubt in my mind but that Erysipelas and Scarlet Fever are of a kindred nature, and observations during a number of years, cause me to believe that these two diseases stand to each other in the ratio of an antecedent and its consecutive."

"As to the disease itself, I will now try to give you a description, which, though it is the result of my own individual observations for the last year, or rather to say, since its epidemic appearance among the people of Peoria, may in some way enable you to draw conclusions."

"From all cases which happened to come under my charge, I feel compelled to state that not two cases were alike, in spite of the identity of the disease itself. There were but few cases in which the malady would show its face, as it is commonly depicted by nosographers of the former and the present century. On the contrary, anomalies in every direction seemed to be the rule, and ordinary cases were exceptions. Such anomalies as I allude to, were either in a fragmentary manner uncommonly mild, or severe; so much so, that in some cases I observed the characteristic eruption on the skin, well marked and developed, without any great febrile excitement, or considerable inconvenience from the conjested condition of the capillaries beneath the redened surface, which, in a shorter period than usual turned pale again, followed by desquamation; whilst on the other side there was observable an immense degree of febrile action, accompanied by all and every symptom of severe angina, but without the least mark on the cutis, even the slightest dotted redness of the skin whatever. And such cases which the relatives of my patients were disinclined to believe to be of scarlatinous nature, and Scarlet Fever without its specific exanthem, were proven to be such by decided desquamation, both on the limbs aud trunk of the body, following five or six days from the abatement of fever."

"I also observed but few cases without complications in the various stages of the disease, from the stage of incubation, down to the conclusion by the process of desquamation. Such complications made themselves observable by either functional or organic disorder in the various apparatusses; although at the outset of the disease, when observing disturbances of the brain, either soper or agitation. I feel more disposed to believe that such manifestations ought to be considered exclusively as the consequence of the virulent agent communicated to or taken up into the circulating medium, which on its way through the arterial canals is exerting anomalous irritation, thus causing, according to its more or less poisonous nature, either soper or agitation; whilst, when they are manifested at a later period, I should consider them as indices of an accessory disease to that which was first developed.

Pneumonic and Pleuritic symtoms I meet with very seldom; but more frequently with inflammation of the parotid and sub-maxillary glands, accompanied with swelling of the lymphatic glands on one or both sides of the neck. Angina, though not considered a complication, as it is one of the first symptoms of the whole process, became in few cases the cause of Laryngitis, which in a very short time terminated fatally by membranous exudations—as I am informed by a physician of this city, under whose care the cases occurred, and who had the privilege of a post-mortem in either of the cases. In others diphtheritic exudations, with malignant ulcers on and about the tonsils were observed by myself. From reports gathered up amongst our citizens, I learn that suppuration of the parotid glands and the intermuscular substance of the neck was not unfrequently the fatal close of the scene. From the sudden deaths of a number of children during the year past, I am inclined to suppose that, by either the impaired reflux of blood from the brain, or the vehement action of the heart, and consequently by too copious an accumulation of this liquid in the membranes and substance of the cerebrum, apoplexy and serous effusion in the ventricles took place. At all events, there are not many families in this city who do not deplore one or more victims lost in this epidemic, and there are those who burried from three to four of their children. So much as to the character and rate of mortality."

In regard to the treatment of Scarlet Fever, Dr. N. writes, that in ordinary cases his treatment was *expectative.* He paid strict regard to the diet; allowing no solid food from the beginning. Dilutent drinks were given freely; the patients were kept under a moderate warm covering, by no means heavy; strict attention being paid to the ventilation of the sick-chambers, &c. In cases where the bowels were tardy, they were daily moved by enemata of milk and water, and when the fever was high, by vinegar and water in equal quantities. Only in decided cases of costiveness, castor oil was resorted to.

After giving his reasons for his expectant treatment, he further remarks:

"From the outset I carefully examined whatever patients I

attended, whom I took the privilege of seeing from two to three times a day. The region of the parotid and sub-maxillary glands, which I from the beginning advised to be covered with cotton, and flannel wrapped around the neck; and as soon as the slightest swelling commenced to be perceptible, a liniment composed of Ol. Amygdal. dulc. ℥ ii., Liq. Ammon. Caust. ʒ ii., Ext. Conii. ʒ i., Gum Camphor gr. x, was repeatedly applied during the day, the cotton and flannel wrapped around, and glad I am to say, none of the cases under my charge were lost by consecutive suppuration. In every case, if attended to from the beginning, the swelling would gradually give way without any inconvenience.

"Secondary dropsical affections, when manifested without decided morbid condition of kidnies, I usually treated with dry warm fomentations and sudorfics; yet, when renal affections were observed, simultaneously with edema in the limbs, face, or other parts; or serous exudations in either of the splanchnic cavities, accompanied by a higher degree of sensibility, I applied leeches according to age and the urgency of the symptoms. By way of the mouth, I exhibited calomel with digitalis or acetate of potassa; without, however, forcing the flow of urine by diuretics in a higher degree; except alarming symptoms would command me to exhibit the tinct. canthardies. Milk diet in such cases I think to be very servicable."

To our third interrogatory, Dr. N. makes the following answer:

"As diseases are phenomena produced by certain atmospheric and telluric influences, acting upon animal organization, both in brutes and reasonable beings, which are possessed of individual receptivity, more or less irritability, &c., it cannot but be natural, that, as the productive causes of disorders are to some extent varying in their composition as to the quantitative and qualitative proportions of their components, without effecting their real productiveness of certain diseases, and even specific ones; so the complaints of our race must and will change from time to time, and thus it is; why, on meeting the sick at their bedside and making our medical examination, we sometimes find it very difficult to arrive at a firm and conclusive

diagnosis, although there are a number of features observed which seem to be familiar to a disease well known; yet at certain times we are disenabled to accouut for the co-existence of one or the other sign or symptom that were met with. Whether right or wrong I do not know, but I believe we shall not be enabled to give satisfactory reasons for such changes of diseases from time to time, as long as meteorological observations are not made more extensively, accurately and simultaneously in the various sections of this State and the States of the Union. And not only with the thermometer and barometer, but also in regard to the accumulation of the electric fluid, whether it be positive or negative; in what ratio the atmosphere is impregnated with ozone, &c., &c. True, physicians from the name of their professional avocation ought to be familiar with nature's laws, and so they are, at least a majority of the regular sons of Æsculopius now-a-days; yet I do not think that many of our brethren dispersed throughout the different counties of our State, have leisure enough to devote much of their time to observations of this kind; and yet no doubt, in many instances they would lead us to read nature's mystical hieroglyphics when visiting our patients. Much good is done by our medical periodicals, many a new discovery is published for the general good of suffering mankind; yet, none of all I ever saw published among us, took the trouble to devote a few pages in each month to such observations as you will find in foreign Journals.

"What the Smithsonian Institute is gathering by its agents all over the States, might be made to benefit our State Medical Society, and the profession in mass, if each agent was required to send a copy of his report to the editor of one of the Medical Periodicals published in our State.

"To particularize on this topic, would take me too far, as it would be necessary to rehearse the entire index of Pathology, yet so much I will indulge in saying, that in this changeableness of diseases periodically observed, the question among physicians, took its origin, whether a restorative treatment should be generally resorted to, in opposition to antiphlogistic medication. This question, I for one would answer thus:—

The best treatment is that which is best adapted to each individual case and its peculiarities. No general phraseology will do good; two individuals taken with one disease, if treated according to the dictates of a generalizing spirit, may have a very different fate. The one whose constitution claimed an antiphlogistic medication on being subjected to the restorative treatment, may die, whereas, the same under depletory means would have recovered, and vice versa."

From the several communications received in reply to our circular, we condense the following statements:

Dr. R. G. Laughlin, of Heyworth, says that the principal diseases prevalent in that place and vicinity, during the year ending Feb. 20th, 1860, were Pneumonia, Dysentery, Bilious Remittent, and Typhoid Fevers, with a few cases of Diphtheria during the months of November and December.

He thinks that Pneumonia arises from "malarial influences," acting in connection with the "sudden atmospheric changes that usually take place in the months of February, March, and April." Hence, he uses *Quinine* freely in the treatment of the disease, in connection with other remedies, but finds no occasion for Blood-letting.

Dysentery was quite prevalent during the months of August and September, and most of the cases exhibited a tendency to a Typhoid condition. His treatment consisted in the use of Calomel, Opium, Quinine, and the usual astringents, with Norwood's Tict. Veratrum Viride to controll the circulation. He reports no deaths. Bilious Remittent Fevers began to prevail in August, but were promptly amenable to the ordinary remedies. A little later in the season they were more protracted, and showed a tendency to the Typhoid type; and later still Typhoid Fever proper prevailed to a considerable extent. Dr. Laughlin presents nothing new in reference to the treatment of these forms of fever.

Dr. Laughlin met with eight cases of Diphtheria, of whom one died. His treatment was commenced by a mercurial cathartic, followed by alterative doses of mercurials, Opium, and Quinine. Locally, he applied in the more severe cases, a

solution of Sulphate of Copper to the throat, and in the milder cases, solutions of Acetate of Lead, Zinc, or Tannin.

In one of his cases certain muscles of the neck became rigidly contracted, and in another, several of those of the neck and extremities became either partially or completely paralyzed, but subsequently recovered. He regards the disease as *Sui Generis.*

Dr. John Wright, of Wapello, communicates an interesting case of Typhoid Fever, which on the 16th day of its progress, exhibited the following symptoms: A desire to go to stool which was not effectual, but was accompanied by a sudden pain in the bowels with a sense of faintness, followed by shivering as in the cold stage of ague. The whole abdomen rapidly became tender to pressure, and more tympanitic than before. The seat of pain and most acute tenderness was below and a little to the right of the umbilicus. The position of the patient was dorsal, with the knees drawn up. Suspecting perforation of the intestine, Dr. W. prescribed half a grain of Morphine, to be repeated every three hours, and hop fomentations to the abdomen. This treatment was continued three days, with some abatement of the pain and tenderness. At the end of the third day the bowels were moved by a dose of Castor Oil and Oil of Turpentine, and followed by Morphine, half a grain every two hours until the patient slept. Under this influence, aided by a pill of Nitrate of Silver and Opium, the patient slowly improved for six days; when the sub-maxillary and parotid glands of the right side began rapidly to swell; and soon rendered both respiration and deglutition difficult. Half a grain of calomel was now added to the Morphine, and a poultice applied to the swelled glands. The glands suppurated, and the pus was discharged on the fifth day. The difficulty of deglutition, however, continued, and the patient gradually failed, and died 24 days after the glands began to swell, and 33 days after the sudden attack of pain in the abdomen. A *Post Mortem* examination revealed an adhesion of the peritoneium covering a portion of the ilium to the abdominal walls, and on separating this adhesion, the intestine was found *perforated*, and many ulcerations in its mucous membrane.

The following report from J. W. Coleman, M. D., of Le-Roy, McLean Co., we copy entire:

Report of an Epidemic of Dysentery that prevailed at Le-Roy during the summer and autumn of 1858.

This disease made its appearance in our community about the first of August. The first few cases were of a mild form, and far the most part among children, and yielded readily to treatment. After a week had elapsed it began to assume a more malignant character, and all suffered alike—no class, age, or sex was exempt.

There was nothing peculiar in the epidemic at its beginning. The attacks were sometimes ushered in with a chill, followed by fever of an intermittent or remittent grade, and sometimes with a Diarrhœa, and in a few instances with Cholera Morbus. The cases were attended with bilious symptoms; tongue was covered with a white or yellow fur; nausea and vomiting were of frequent occurrence; urine scanty and high colored; pulse full and frequent in some, and in others small and irregular; want of appetite and anxiety of countenance.

Some of the patients for several days before they were taken down, complained of uneasiness and pain in the bowels, with occasional dysenteric discharges, want of appetite, furred tongue, weakness and trembling, when suddenly they would be taken down with copious stools composed to all appearances of decomposed blood, shreds of mucous membrane, vitiated bile, rice water, and a small quantity of granulated fœces, and would sink rapidly under them, or pass into a collapse resembling cholera.

We here give a case of Mrs. D.———, age thirty-two years, mother of four children, bilious temperment. Previous to our visit she had been complaining of pain, with an occasional discharge of blood and mucus, but was not sufficiently sick to keep her bed; we prescribed the usual remedies without much apparent benefit. On the morning of September 6th, we received a hasty summons to visit the lady. When we reached the patient, we found that she had had, as the friends termed it, a terrible run on her bowels during the night, the discharges numbered from fifteen to twenty during the past twelve hours

of the consistance above mentioned, and very large in quantity, at times the night vessel was two-thirds full.

Her condition in the morning was sorry enough. She believed, and we had but little reason to doubt it, that death would soon end her suffering. Her countenance was livid and anxious, eyes sunken, frequent sighing, great restlessness, face and body bedewed with a cold clammy sweet, pulse small and irregular, thirst great, extremities cold and the discharges returning at intervals of every twenty minutes or half hour.

We promptly put her on a sustaining treatment. Had heated flannels and bricks put to her extremities, gave beef tea well salted, ad-libitum, brandy and quinine as a stimulant tonic, and to controll the frequency of the discharges:

℞ Pulv. Opii. 11 gr.
Acetas Plumbi. iv. gr.

Every four hours in vinegar, alternated with the Turpentine Emulsion. Under this treatment the vital powers rallied within the next twenty-four hours, and the case progressed as an ordinary case of Dysentery, though it was slow and lingering, and the patient was long in getting up.

In all cases there were more or less fever, mostly of an intermittent or remittent character, and quinine in every stage of the disease was used with benefit. Among small children there was considerable cerebral disturbance, and towards the termination of fatal cases, convulsions often were present.

Topography and Cause.

Those of us physicians practising in our village, thought the prevalence of the disease was owing to the wet spring followed by sultry weather, generating malaria. The Spring, as all the gentlemen of the Society remember, was exceedingly wet. Raining almost the exact time that preceded the deluge, forty days and forty nights. For some six weeks the whole earth in this vicinity was thoroughly saturated.

Dry weather commenced about the first of June, and it continued dry and warm until the middle of August, when the

most intense hot weather set in that was ever known in central Illinois. For days and days the mercury in the Thermometer stood at about the same figure. People in the streets and fields seemed to absolutely wilt beneath the rays of the sun.

First of August brought us Dysentery. That malaria had much to do with it, or indeed was the prime cause, we may conclude from most all the cases of fever, and they were many, both at the time and subsequently put on the intermittent or remittent grade. We even believe that we can trace the Topography of it so close as to see that it almost wholly confined itself to localities where malaria was most rife. Thus, in the locality where it first made its appearance, and where most cases occured, it was particularly the case. In our village the most cases and most number of deaths occurred in a portion or street that was comprehended between two prairie sloughs, forming a sort of triangle. The sloughs passed by two old steam mills, which from the situation and condition could not fail to generate malaria. There could not have been less than thirty cases, and six deaths. In the north half of the town, there were several cases, but they bear no comparison with the number on this one individual street.

Another Locality.—On the Bloomington road, five miles from Le-Roy, there is a tract of land of eighty or one hundred acres in extent, which was a total pond, and water stood on it, and rank vegetation grew the whole summer season; around this there was as many as twenty patients, and five or six deaths.

For some miles along the north side of "Old Town Timber," and about the site of the "Old Indian Village," many cases occurred, and in most every instance the locality was one where sloughs were near or the prairie low and wet.

While it prevailed so greatly near wet places—all those settlements on the high and rolling prairie were in a manner exempt. Thus Merrifield's ridge, the past prairie, the prairie lying between Le-Roy and Randoph's Grove, and the prairie north of us, lying between our village and Old Town Timber.

Mortality.

The percentage of deaths to the number of cases, not keeping notes, we cannot come to a very near approximation, but we would think not more than one in fifteen.

Duration.

The duration of the disease was from a few days to six weeks; depending in a great measure on the management of the first or forming stages of the disease. In cases where a physician had been neglected to be called in, or improperly treated, the patients either sank from exhaustion, being worn out by tormina and tenesmus, and the waste of system from discharges, or the cases assumed a continued form, calling for a protracted and wearisome course of treatment.

Several of this class of cases at old Town Timber, came into the hands of Dr. S. W. Noble; two of whom died in four or five weeks of the disease respectively: the first from ulceration of the coats of the intestines, and the second from hemorrhage.

In the treatment of these cases, the physician who preceded him placed his main reliance on Dover's Powders and Tannic Acid. As might be expected, his patients either died or fell into other hands for treatment.

Treatment,

When early applied for, was generally successful. But it was a matter of frequent remark among us, that never was there an epidemic of any kind in this region of country that required more discrimination on the part of the practitioner in selecting and administering his remedies, than this one.

Most of the cases required mercurials at the start, combined with opium, and if there was any periodicity in the accompanying fever, we used quinine freely.

The indications of cure were evidently to relieve pain, restore the secretions, and prevent a recurrence of the symptoms. We generally commenced the treatment with something like this:—

℞. Sub. Murias Hydrarg., gr. xii.
Pulv. Opii., gr. x.
Carb. Soda, gr. xxx.

Mix, and divide into six powders, one to be taken every three or four hours, according to the severity of the symptoms, and continued them until bilious discharges were gotten up.

The opium was continued with an open hand, not being governed by any fixed rules in its administration. If one, two, or three grains, did not produce the desired effect, we gave the fourth. In many cases it was given until narcotism was produced.

For those cases, and they formed the large majority met with, similar to the one mentioned early in the report, where the discharges were so large and exhausing, we prescribed—

℞. Pulv. Opii, gr. x.
Plumbi Acetas, gr. xxx.

Mix, and divide into six powders, one to be taken every four hours, alternating with a teaspoonful of the following:—

℞. Tincture Camphor, } aa.
Tincture Kino, }
Paregoric, }

This mixture, it is due to say, was first used by my friend Dr. Noble, and was found very useful in our hands during the whole season that the disease prevailed.

Quite early in the epidemic it was found that opium in the form of tincture, was more liable to produce its constitutional effect, than in the gum or pulverized, and when combined with tincture camphor, equal parts, it had a still better effect in relieving the tormina and tenesmus. No specific effect is claimed for the camphor, but its efficiency is attributed to its well known anti-spasmodic action.

It is not necessary for us to enter any further into the details of treatment. Injections of cold water, starch and laudanum, nitrate of silver, pills of opium and nitrate of silver, the salines, &c., were used, but nothing seemed to answer the indications as well as the treatment described.

Dr. J. O. Harris, of Ottawa, sends us the following:—

"Although I have not been able to attend the meetings of the Society, I am much interested in its success and welfare;

and believe that all *true* medical men are in duty bound to contribute something, be it ever so little, to the medical literature of the State. Believing this, I regret that I have postponed writing till this late day, as I can have no time to write at length upon the topics suggested in your circular.

"With regard to your queries, 2nd, 5th, 6th and 7th, I answer briefly, no. Although there have been some few cases of cholera infantum, and during the summer months, diarrhœa among children was extremely prevalent. In this latter disease I found that after exhausting all the usual remedies advised by our standard authors and by my brother physicians, that quinine in *full* doses, frequently repeated, acted (or seemed to act) admirably. I thought at the time that I was prescribing empirically, and now I do not pretend to explain the modus operandi of the remedy—I only know this, that my patients recovered under the use of quinine, and I still frequently prescribe it when I see no particular indication for its use.

"I have never been a hobbyist with regard to quinine—ordinarily I have a clear conception of what I wish to do, and what accomplish with a particular remedy, before I prescribe; but I am free to confess that this drug may be required—and not unfrequently either—when I cannot see precisely *how* it is to act."

In regard to typhoid fever, the Dr. writes as follows:—

"The typhoid fever question is a vexed one with us in Ottawa. Some are almost constantly prescribing for a disease which they call by that name; while others—myself among the number—*very rarely* meet with that disease.

"I have practised here between seven and eight years—I have had patients in all parts of the town, and in every direction in the country, *and have not had more than five cases* which I could call typhoid fever. You say—'Give your views on the pathology of the disease'; it is unnecessary, as I take Wood and Watson for authority, and in all essential particulars accept their opinions. Our 'typhoid doctors' aver that they do the same; yet I notice that their patients have this disease

every year or two, and sometimes twice during the same year; that, (taking the physicians' statements) they do not have the *Rose Spots*—often no looseness of the bowels, and that they almost invariably recover in from 5 to 15 days! Taking all these (and more else) into consideration, I am forced to believe, that with regard to typhoid fever prevailing here, it is all *humbug*. Even the unprofessional see through the flimsy pretext, as I heard a lady remark the other day, that when she was taken sick again, she would send for Dr. Blank, so that she could have a spell of the typhoid fever!

"Now, I beg you will do me the justice to believe, that in writing as I have, it has not been to gratify any private feeling—I am on good terms with these typhoid fever doctors—I could not write less and give you my opinion.

"I have tried to induce some of these gentlemen to give you their views upon these questions; but as they seldom write for our local Societies, it is not probable that you will hear from them.

"I believe that meteorological changes have a decided influence upon prevailing diseases; but as yet, I have found no extensive theories with regard to this subject. I should, however, be very glad if the Society would advise its members to keep records like that accompanying this communication. The whole could then be placed in the hands of some competent man for reduction, and some important facts would undoubtedly be eliminated. If this should be done, the hours of observation should be uniform, say at 7 A. M., and at 2 and 9 P. M., and Green's thermometers should be used, as most of those in common use are not reliable.

"I wish the Society would take some steps to secure the passage of an act, giving us the unclaimed bodies of paupers and criminals for dissection. I have already made some efforts in that direction; but as yet, without any good result."

METEOROLOGICAL RECORD,

Kept at Ottawa, Ill., by J. O. Harris, M. D.

Months. 1859.	Maximum Temperature.	Minimum Temperature.	Max. Mean Temperature.	Min. Mean Temperature.	Monthly Me'n Temperature.	Number of Snow Storms.	Inches Snow.	Number Rain Storms.	Inches Rain & Molten Snow.	DISEASES TREATED.
January...	47	-15	39.33	--1 33	24.89	3	3.00	4	1.718	Rheumatism, Pneumonia, Remittent Fevers.
February..	67	2	54.00	6.00	28.92	4	8.00	4	0.860	Colds, Pneumonia, Remit-Fevers.
March....	69	23	57.00	31.66	40.74	3	2.75	8	5.243	Mam'ry Absces's,* Pneumonia
April.....	70	28	61.33	27.33	45.04	1	0.25	10	4.082	Remit. Fevers, Pneumonia, Phthisics.
May.....	81	41	74.00	51.66	62.95	....	.....	13	3.120	Intermit Fevers, Neuralgia, Epilepsy.
June.....	91	51	84.33	48.00	65.81	....	.....	13	1.690	Remit. and Intermit. Fev'rs, Diarrhœa.
July.....	96	45	86.66	54.00	75.23	....	.....	3	0.732	Do. Scarlitina do.
August....	91	50	79.66	66.00	72.13	....	.....	7	3.440	Do. Diarrhœa.
September	87	44	75.33	51.66	61.10	....	.....	10	1.563	Do. do.
October...	79	21	65.66	31.33	47.59	....	.....	5	2.342	Do. Epilepsy, Dropsy.
November	70	12	63.00	17.66	39.53	1	0.75	7	2.069	Do. Colds, do.
December.	41	-20	33.00	-15.00	18.06	5	8.75	4	0.944	Remit. Fev., do. do.
Totals.....						17	23.50	88	27.818	

* These were very frequent about this time—never saw so many cases during the same length of time before.

Annual mean temperature, 48-49°; Height of station above the Sea, 500 feet; Hours of Observation, 7 A. M. and 9 P. M.

"I presume there were other diseases prevailing to some extent—I have only given some of the principal ones that I treated."

As Dr. Harris remarks,—"The typhoid fever question is a vexed one." After all that has been said and written on the subject, it is very obvious that there is still a great diversity of opinion among the members of our profession throughout the State in regard to this disease. I believe that this difference of opinion arises from the fact that most of our physicians fall in with the idea that typhoid fever is a specific disease, and when they come to apply this theory in their practice, they cannot make it correspond with what meets their observation. The mistake—if it be one—has its origin with our standard authorities. From them our medical men get the opinion that

the disease is a specific one—as much so as small-pox, scarlet fever, or measles. It is assumed, that in order to make out a case of typhoid fever, the patient must have been getting sick a certain number of days; he must then get worse and send for his physician; the Doctor informs him that he must expect to be sick from six to eight weeks; that he must not expect medicine to do him much good; and that if he gets well he may thank Providence and his good constitution for carrying him through! During the course of the disease, the medical attendant expects to find the tongue furred with red edges; rose-spots, sudamina, tympanitis, diarrhœa, etc., etc.; and if the patient dies and a post-mortem examination is allowed, he expects to find Peyer's glands affected, and suspects strongly that there must be perforation of the intestines; and if he fails to find all these symptoms and lesions, he is led by his authorities to doubt its having been a case of typhoid fever. Cases may occur, where all these symptoms supervene at some period throughout the progress of the disease—and on the other hand I have not the least doubt but that there are cases of the disease under consideration where more or less of these symptoms are wanting; and in just such cases physicians differ as to the name of the disease.

I believe, too, that a person may have an attack of intermittent fever; this, by mismanagement, or otherwise, may become remittent, and may finally terminate in a genuine case of typhoid fever. I treated several such cases during last summer, and the same kind of cases treated by others who contend that typhoid fever is a specific disease, and they would tell me that theirs were not gradually becoming typhoid, but that they were "*assuming a typhoid condition.*"

If typhoid fever is a specific disease, it must originate from a specific cause. And yet, I believe that four persons may be subjected to the same cause of disease; one of them will perhaps escape with a sore throat; the second may have an attack of fever and ague; the third probably remittent fever; and the fourth may become the subject of genuine typhoid fever. And I would account for this, by their system being in

different conditions, when exposed to the common cause. But neither of them will have small pox or measles.

Neither do I believe that typhoid fever must necessarily run a certain course, and that it cannot by any possible treatment be cut short. I have had patients who I verily believe had typhoid fever, get well at all periods in from five or six days to as many weeks. It might be argued that I mistook the disease,—and it may be that I did—as I make no pretensions to infallibility in distinguishing diseases—although I will presume to say that I have paid considerable attention to the pathology of the disease under consideration during the last ten years. But be this as it may, I know that I have seen Prof. N. S. Davis cure cases (at the Mercy Hospital, Chicago,) which he pronounced typhoid fever, in from a few days to so many weeks; and I will accept Dr. Davis' diagnosis with as great faith, as that of any man in this or any other country. My candid opinion is, that if we were to avoid names of diseases as much as possible, and treat diseases according to their symptoms, it would redound to the benefit of our patients; and the differences of opinion among the members of our profession would be thereby greatly lessened.

NOTES

CONTRIBUTED BY DR. PRINCE, OF JACKSONVILLE, ILL.

Diphtheria.

During the winter months pseudo membranous inflammation of the respiratory passages was prevalent. Sometimes this inflammation predominently affected the larynx, giving rise to croup; and at other times a bronchitis predominated over the laryngeal and tracheal inflammation, though in fatal cases these were very commonly combined. At other times the disease was confined to the nostrils, pharynx, and mouth, sometimes independent of any cutaneous eruption; and at other times accompanying or following scarlet fever, which was at the same time epidemic, so as to lead to the suspicion that this diphtheria is one and the same disease with scarlet fever, only assuming a different form. The disease manifested a

tendency to travel or spread from its point of origin. This origin has more often been the palate and fauces. In one fatal case which I saw under the treatment of another practitioner, the larynx escaped until within a few hours of death, when croupy respiration manifested itself.

An epidemic of dysentery may occur with such a history as to lead us to believe that it is contagious; but we do not immediately give the disease a new name. It is not difficult to suppose that an epidemic of dysentery or of cynanche, may be contagious in one period of its duration, and not in another; in one immediate locality, and not in another, owing to the greater or less perversion of the secretions. I have just been reading in the April number of the *Chicago Med. Examiner* an excellent article upon the subject of diphtheria, by Dr. Wm. L. Wells, of Milwaukee, in which it is abundantly shown, that this is no new disease, but only a new naming and classification of a form of disease known from the earliest times of medical record.

In this case there was no distinct false membrane, but a sanious discharge from the mucous membranes—especially from the nostrils. The discrasy seemed too great for the exudations or secretions to consolidate to much extent. The little consolidation which did take place, was in minute specks or scales, soon loosened and displaced by the fluid around them. I cannot add any thing to the description so often given of this disease. It was universally attended with prostration, indicating the necessity for a supporting treatment.

The fact of the contagiousness of this disease is made a diagnostic between this and other diseases; but this is a distinction which can only be recognised in the progress of an epidemic, and it is therefore of very little diagnostic value.

The local application of strong solution of nitrate of silver, has not acted as satisfactorily as I had been prepared to expect. A weak infusion of capsicum and a saturated solution of chlorate of potash, singly or in combination, have proved far more satisfactory. In the only cases in which I have seen the muriated tincture of iron applied (in the hands of another

practitioner,) its effect was not such as to encourage me to use it.

The cautious use of alcoholic stimulants, the liberal use of concentrated nourishment, and the laxatives which are least antiphlogistic, have seemed to be the most rational as well as the most successful treatment.

Tracheotomy in the Diphtheritic Laryngeal Inflammation.

If the name croup is to be confined to the designation of those cases of false membranous inflammation of the larynx arising and remaining in this organ, and not traveling out of it: the operation of tracheotomy ought to be nearly as successful in croup, as when performed for the elimination of foreign bodies.

Assuming from the absence of ashy tonsils or other signs of false membranous consolidation upon the mucous membrane above the larynx, and from the absence of the mucous rattle in the chest, that the case is one of uncomplicated croup: the operation in such a case ought to afford rest to the swollen vocal cords, and give the patient abundant breath and almost an assurance of a safe termination.

Yet, it is safe to say, that in a great majority of these cases, the mucous rattle will soon be developed after the patient has seemed to have been saved by the operation, and the hopes so fondly cherished by friends and medical attendants, will be disappointed.

I have operated in five such cases, and have not had the good fortune to save one of them. In three of the cases, death was immediate, and there was no such reaction as to inspire hope after the operation. In the other two, death seemed to be equally impending; but after the opening into the trachea, such was the relief from all distressing and alarming symptoms, as to lead to the expectation of recovery. In both of these cases, death resulted in about four days from the operation from mucous inflammation within the chest. In one of these cases Solution of Nitrate of Silver was applied to the trachea,

and in the other not. Were I again to operate, I should make a very free application of this or other mild caustics, (oresthetics in Tully's classification.)

Were it not for the horror of the operation, it would be resorted to in a greater number of the severe cases of laryngeal inflammation, for when a patient is cyanosed from a deficiency of oxygen in his blood, the occurrence of death soon after this or any other remedy is resorted to, is not likely to be attributed to the remedy itself. In one of the two cases which I have mentioned, the anaesthesia from deficient elimination of carbonic acid was so great, that the child scarcely felt the operation, and yet, after a few hours' sleep subsequent to the operation, he was able to sit up and amuse himself with his playthings.

From the blueness of the skin in deep anaesthesia from ether and chloroform, we are justified in supposing that the amount of elimination of carbonic acid is diminished. If this is so, the employment of the agents to procure insensibility, may not be altogether safe, and in two instances in which I procured insensibility by the inhalation of a mixture of ether and chloroform, I suspected that the inhalation had increased the previous cyanosis.

I have never practised catheterism of the larynx and trachea after the manner of Horace Greene.

Scarlet Fever, and Typhoid Fever.—Use of Veratrum Viride.

The number of deaths occuring during the early portion of the winter from Scarlet Fever, was such as to create a public panic, and yet in some families the cases were all very mild, and other families escaped altogether. This was coincident with the prevalence of cynanche maligna, (Diphtheria,) while Typhoid Fever prevailed to an extent almost to make it epidemic. These three coincident epidemics disappeared, as they had commenced, nearly at the same time.

The mild cases seemed to yield readily to treatment whether homeopathic or by the use of appreciable doses, while the severe cases were well calculated to generate scepticism with regard to the power of treatment to control the progress of the disease.

Some of the cases of scarlatina manifested much excitement in the first stage, and in two cases I used Norwood's Tincture Veratrum Viride. This acted like a charm in controlling excitement, and moderating the frequency of the pulse. The remedy has seemed to me to be a powerful antiphlogistic, requiring to be accompanied or followed by stimulants in diseases tending to terminate in adynamic conditions.

The necessity for the use of stimulants in the progress of disease is, however, very far from being a condemnation of the previous use of depressing agents in the former period of the disease. We all know that in injuries and operations involving the certainty of inflammation of the membranes of the brain, the only safety is in depletion to an extreme degree for the first few days; and if in the progress of the case we have to nourish and stimulate freely, we do not call this a reflection upon the correctness of the preceding treatment. We well enough know that if the treatment upon which the patient gets well, should be employed in the earlier periods of the treatment, death would be the inevitable result.

In diseases we may expect an earlier abatement of the sthenic symptoms than in the example adduced, and it is very necessary not to comfound the expression of adynamic congestion with that of sthenic inflammation.

In one of these cases in which the Veratrum Viride was used, the patient died with blue skin, indicating internal adynamic congestion. The other recovered after the free use of alcoholic stimulants.

With my present experience, I should use the stimulating treatment more speedily after the control of the pulse by means of the Veratrum Viride, and employ it very freely.

We are in danger of falling into the error of over stimulating, without previous *elimination* of the retained secretions of sluggish glands; now that the medical world is all in a rage to stimulate, while we may regard a case under treatment as one to require supporting treatment during its progress; we may commit a fatal error, if we fail to administer previously or coincidently a cleaning out dose, which shall make the patient conscious that he has had bile in him.

I have never given veratrum viride in but one case of typhoid fever. In this case a pulse of 140 was readily reduced to 80 by four drop doses, repeated every four hours as long as might be necessary, and renewed upon the rising of the pulse and repeated as soon as found necessary. Notwithstanding some nausea and vomiting, the patient seemed to derive positive comfort from the remedy. Its occasional exhibition was kept up during several successive days. The patient recovered after a long course, using concentrated nourishment and alcoholic stimulants pretty freely at last.

Mercurial cathartics were frequently given during the course of this case with apparent advantage. These were given to remove supposed glandular congestions, and not with any view of their being otherwise curative.

I have been led from this and the majority of the cases of typhoid fever which have fallen under my observation, to doubt the existence of any enteritis as a necessary accompaniment of the disease. That inflammation is frequently present is not denied. It is suspected that the inflammation is only a frequent and accidental development, in an idiopathic disease.

The tympanitic condition is very far from being any evidence of inflammation. It is often a symptom of hysteria from gas within the intestinal canal, readily passing off under the stimulus of aloes and asafœtida. In one of the most prostrated cases of typhoid fever which has fallen under my notice during the past season, there was an enormous development of gas within the alimentary canal, which would accumulate, producing extreme frequency of pulse and shortness of breath; but on introducing a tube into the rectum and allowing it to pass off, the pulse would fall in frequency and the respiration increase in depth. Previous to the evacuation of the gas, there would seem to be tenderness on pressure upon the abdomen; but afterwards, no tenderness at all. Many of the cases of sunken abdomen with tenderness on pressure, are examples of true mucous inflammation, requiring the liberal use of opium and the cautious employment of laxatives.

How important it is to treat diseases, not according to names, but according to conditions.

The following communication, from the pen of Dr. Nance, we also insert entire:—

LA FAYETTE, Stark Co., *April* 23, 1860.

C. GOODBRAKE, M. D.,

Dear Sir:—The Circular issued by the Committee on Practical Medicine, of whom you are President, was duly received, and should have been responded ere this; but business has prevented it. I humbly hope, even yet, my meagre contribution may meet with a welcome from my professional brethren, and especially from the President of the Committee on Practical Medicine.

I shall endeavor to answer the interrogatories propounded by your committee in as brief a manner as possible. And in reply to No. 1, "What have been the most prevailing diseases in your locality during the year?" I would answer that the year 1859 and up to the present in 1860, has been one peculiarly favored by unusual health. I would say that I have been engaged in the profession in this place for nearly fifteen years, and am confident that no year during this time has been so healthy. The question propounded is one hard to answer; it would be extremely difficult to select any one disease that has prevailed very generally, and certainly none as an epidemic, until within a month or two in 1860; during which time epidemic Erysipelas has prevailed.

During the latter months of summer and early months of fall, we always have more or less of intermittent fever on the streams, and occasionally on the prairies; but since our country has become almost one *dense* farm, and no fresh turf in our prairies is being turned over, this disease is disappearing from us with great rapidity; and would say to the eastern family who contemplated emigrating to our fair land, that they need fear the ague no more in Illinois on our high prairies. As those miasmatic diseases of former years are fast disappearing from amongst us, it would be supposed *apriori* that their places would be supplied by some other diseases; and I think it can safely be said, typhoid fever has become a more common disease; so has phthisis pulmonalis, and I need hardly

remark that scarlatina has become much more frequent, and its type of latter years has usually been very malignant. I think I practised medicine for six or eight years before I even witnessed a case of genuine pseudo membranous croup. Never saw a case of granular disease of the kidneys until the year 1856, since which time I have seen quite a number.

In regard to the ratio of mortality, I would say that it is certainly greater than of former years to the number of patients. All physicians regard intermittent and remittent fevers as the simplest types of febrile diseases, and of course would expect to find the mortality less than in more grave diseases; and this is certainly the case. When we had scarcely any other diseases to treat but these, in the summer and fall, we lost but very few patients, and consequently the responsibilities resting upon us were not great; hence, it was a pleasure to practise medicine, as nearly all our patients recovered. But as the diseases of our country have changed so much, and as we have such a great variety to treat, and the type is so very different, we are in a continued state of suspense and uneasiness when treating most of the diseases that present themselves to us. I think those remarks not only apply to this immediate locality, but will be pretty freely concurred in by all medical men residing north of 40° in this State, as our State north of this degree has settled up and been improved about the same time.

No epidemic prevailed in this vicinity in the year 1859. Since March first in this year, erysipelas has prevailed to some extent. I have seen during this time seven patients; in every instance it made its appearance on the face, usually on the side of the nose; one instance on the lips, one on the brow, and one originated from the boring or puncturing of the ear in a young lady of some 26 or 28 years old; she was sadly paid for her *fashionable* trouble, as it came near causing her death. Of the seven patients under my care, one died—the patient was a lady of 47 years, nervo-lymphatic temperament, rather plethoric, but relaxed fibre. This was the third attack she had suffered from in three different years—connected with the erysipelas she always had derangement of the liver and bowels, amounting to great torpor of the portal circle, constipation and

bilious cholic—also fever of an intermittent type. Gave her calomel followed by spts. turpentine, and oil ricini followed with sul. quinine and muriated tinct. ferri, to be continued *per re nata*—morphia sulphas with Doveri sufficient to keep the system quiet—tinct. iodine, to be freely applied over the part affected. I would remark that the erysipelas did not make its appearance until the fourth day from the attack; regarded the case as one of congestion of the lungs, liver and bowels; think she would have died had not the erysipelas made its appearance at all. I treated all my patients pretty much on the same principles, and with success; some cases I applied collodion instead of tinct. iodine—cannot say that iodine has any advantage over collodion; of the two, think I should prefer the latter in most cases.

In regard to our diseases during the past winter and present spring, I would say they have been very different from usual during the same time in former years. After the *customary* January thaw, pneumonia usually makes its appearance, also catarrhal diseases, especially amongst infants, and occasionally amongst adults—sometimes pleuritis or pleuro-pneumonia.—But this winter and spring, none of those diseases have prevailed to any extent. I have not seen more than three or four patients with pneumonia; not more than five or six with catarrhal fever, and none with pleuritis. Instead of sthenic or asthenic inflammatory diseases of the respiratory organs, as is usual during the latter part of winter and first few weeks in spring, our diseases have been congestive in their character, and instead of the disease as is usual being located upon those organs, the congestion has been principally confined to the liver and bowels; in some cases general congestion seemed to be the type, affecting the brain and lungs, and also extending entirely through the whole chylopoietic viscera. But in my practice the congestion has been principally confined to the bowels, producing general constipation, cholic, uneasy sensation throughout this region, and in a few instances producing mucous and sanguineous discharges, resembling well formed dysentery. In no case have I seen active inflammation in the bowels, with the exception of two cases of puerperal peritonitis. I treated

those congestion cases by the free administration of prot. chlo. hyd., combined with pulv. rhei, given in doses of 4 or 5 grs. of the former with 8 or 10 of the latter, given every five hours until the bowels moved; and when I found a patient who could not take the rhei, I gave oil ricini four or five hours after the administration of the mercurials. Sometimes I found it very difficult to move the bowels, then enemata were ordered. On inspection of the alvine evacuations, they were invariably found of a dark hue, usually quite green. The continuation of this course of mild purgation invariably brought about a healthy appearance of the stools; after which convalescence was established. I would remark, that during the interval that purgatives were not given, I ordered sulphas quinia every two or three hours; and in some cases, it was found indispensible to administer some form of an opiate to relieve the severe cholic that some suffered under. Patients did not convalesce as rapidly as after diseases of the lungs of a sthenic type. Some cases were quite protracted, or rather changed into a chronic diarrhœa; this was treated quite successfully by the turpentine and tinct. opium emulsion

Ques. No. 4.—Typhoid fever has prevailed to some extent —in one family seven patients had it. I hold that it is strictly an *enteric* disease, and is not susceptible of being but very little abreviated by any treatment;—three of the patients in this family had hemorrhagic discharges; two had petechia, and all had sudamina; all had diarrhœa and tympanitis. All of those patients recovered with the exception of one, who was an invalid before she was attacked; had been suffering for years from hepatitis. I diagnosed softening of the liver previous to death. Several other cases of typhoid fever came under my care during the fall; but in no other instance was there more than two had it in the same house.

My treatment, stated in brief, consisted of spts. nitri. dulc ʒ viii; Norwood's tinct. veratrum viride gtts. xl; mix, give one teaspoonful to an adult every three hours so long as the active stage remains, increasing or diminishing the dose as the case requires. It may be necessary to continue this medicine for eight or ten days or more. I also prescribe at the same

time turpentine emulsion, usually combined with tinct. opii: the first prescription subdued the activity of the pulse, and acts favorably upon the urinary and perspiratory systems; the latter containing laudanum, quiets the nerves, promotes sleep, and the spts. turpentine has its specific action upon the glands of the mucous membrane of the bowels. I use fomentations to the bowels, and sometimes turpentine epithems. When there is a tendency to convalescence, or the system seems to be sinking, I administer wine, sul. cinchonia, pulv. camphor and carb. ammonia: or rather select out of those articles such as I think are most demanded. My prescriptions during the fall under such circumstances, constituted of sul. cinchonia grs. iii, camphor grs. iv, carb. ammo. grs. iii, mix, and give every four hours, and alternate with wine from 2 to 3 teaspoonfuls.

Would say, I had no confidence in the quinia in the first stages of this disease; believe it really to be detrimental. In conclusion, I would add, that the above is my treatment in the well marked cases; complicated ones, of course, require variation in treatment.

Cholera Infantum has not prevailed with us during the year. A few isolated cases made their appearance. My treatment is principally minute doses of calomel until the liver is sufficiently acted upon; then actate plumbi combined with minute doses of ipecac, and sometimes creta prep. or lime water, administered at the same time.

Stomatis Materna has never prevailed here as an epidemic. I occasionally see an isolated case of it.

In concluding this article in reply to your interrogatories, I would state, that during the time that erysipelas was prevailing in our community, several women were confined under my care; and two out of this number were attacked with puerperal peritonitis, both of whom died. I would call the attention of the profession to this subject as another proof of the strong similarity, if not identity, of the two diseases,—showing conclusively, that when one is an epidemic the other is also; and that when one prevails, the other does likewise.

In reply to query No. 8, I would state, that in former years I had but little confidence in any medication in scarlatina; but a year or two since I saw an article from a French physician, recommending the free administration of carb. ammo. in this disease, stating that out of 50 or 60 patients, none died. I resolved at once to give this article a trial on the first cases that should present themselves to me. Very soon I had an opportunity in some malignant cases connected with spasms, &c. One little patient in particular, I thought would certainly die. I immediately made a solution, so that each dose would contain as much as 3 grains, and ordered it to my little patient every hour or two. I had the satisfaction to see a complete recovery, and all the patients, amounting to 13 or 14 in the neighborhood, were treated in this *heroic* treatment, and with complete success. I have the confidence under similar circumstances with the remedy, to use it in the same way, should an epidemic occur in our midst.

All of which is respectfully submitted,

HIRAM NANCE, M.D.

The following is from Dr. Haller, of Vandalia:—

C. GOODBRAKE, M. D.,

Dear Sir:—As usual, the prevailing diseases have been malarial, with a greater degree of congestion and nervous inervation than ordinarily. The stomach and bowels being so irritable from congestion, as to prevent the early administration of antiperiodics; consequently many of them assumed a continued form, and for days would resist all our efforts to bring them to a favorable issue. Calomel in small doses, often repeated with sulph. morphia and bi-carbonate of soda, I found the most efficient agents in these cases, while the irritability of the stomach and fever continued: after they would subside, I usually gave a few sedative doses of quinine, which this year was about 8 grs., when formerly it took some 12 or 15 to have the same effect. For some time past I have observed that patients required much less quinineism than formerly. I am unable to account for this change.

As winter approached, these symptoms became more mild; the cases that occurred up to February were, as a general thing, of a mild type. Now pneumonia, accompanied with severe functional diseases of the billiary organs and great nervous debility, set in; several cases I had, proved fatal; the complications were of such gravity as to show but too surely the grave claimed another victim. These cases all required the tonic and supporting treatment from the beginning; indeed, any other treatment would have hastened them on to a dissolution. Many were under this course from the excessive nervous debility, commence sweating the cadaverous sweat, the countenance becoming hippocratic, they sinking with all the appearance of having died of cholera or pernicious fever. The only means I found of availability, was quinine with diffusible stimulants and extensive vessication in the early stage of the attack, and if I could bring my patients thoroughly under these effects before the collapsed stage I could save them; but if this took place, or if the disease had been permitted to run so long, they invariably died. The symptoms in these cases were the most grave I have witnessed for years; occasionally we have an apparent epidemic of this kind, with the symptoms and course of the disease as follows: The lungs are first attacked with congestion, or rather engorgement; then deep seated congestion of the liver, stomach, spleen, kidneys, spine, and brain, finally ends the drama; the patient soon succumbing from deep congestion of all the vital organs. Some die in a few hours; others by reason of great strength, last two or three days, during which time there is no reaction: these cases have always proved fatal in my hands, and on inquiry, I learn others are just as unsuccessful. In conversation with Prof. John S. Moore, of St. Louis, in relation to such cases, he informed me that when he practised at Carlisle, on the Kaskaskia River, he occasionally had such cases; saved but one, and her recovery he attributed to early blistering her entire spine, with the free use of calomel, quinine and stimulants, which he thought was the only treatment that would be likely to effect anything toward a cure. Encouraged by his success, I tried these agents effectually; but they proved abortive in

my hands. These cases continued to occur up to the middle of April, since which time diseases have been of a mild type. Notwithstanding the prevalence of these grave cases, the last year has been one of universal good health.

Diseases are undergoing changes continually. The intermittents and remittents that used to be so rife in this section, are becoming less frequent, and those of a continued type of more usual occurrence. Diseases of the respiratory organs are increasing; also nervous diseases are becoming quite prevalent: consequently the treatment has changed,—the old routine practice, with intelligent physicians, has become obsolete —less of the heroic and more of the expectant plan is adopted, allowing our patients as much nutritious diet as the digestive organs can manage; or in other words, we support the powers of nature while she effects the cure, instead of the abortive treatment we find so efficient in our bilious intermittents and remittents. Diseases have so changed as to generally require the expectant and supporting plan of treatment rather than the abortive.

This section has been exempt from typhoid fever the last year; it is a disease that seldom occurs here—only now and then a case occurring: therefore, I have formed no new ideas of its pathology or treatment from that laid down by our standard authors. I treat the cases I have on general principles, with satisfactory results. I have no new suggestions to offer in the treatment of disease that would be of any practical advantage.

I have before given the topography of our county.

Yours respectfully,

F. B. HALLER.

We have had but very little sickness in De Witt County during the last year. Through the autumnal months we had some cases of remittent fever which proved unusually stubborn —and several deaths occurred. The administration of quinine was not attended with any benefit whatever, and the old plan of giving calomel and diaphoretics with effervessing draughts, seemed to be attended with the best results.

During the winter we were visited with an epidemic of hooping-cough which carried off a number of children. In all the fatal cases—so far as I know—the brain became affected. The little patient would become comatose, and in from twelve to twenty-four hours from the time these symptoms made their appearance, convulsions would set in, which soon terminated in death. The treatment which seemed to answer the best purpose, was occasional small doses of calomel, and oil or enemas to open the bowels when necessary; when the brain became implicated, enemas served the best purpose; and in those cases where convulsions were threatened, blisters were applied to the back of the neck.

The following mixture seemed to answer a very good purpose throughout the continuance of the disease:

℞	Pulv. Coccinellae,	ʒss.
	Carb. Potassa,	ʒi.
	Sacchar. Alba,	℥ ii.
	Fl'd Ext. Asclip Tuber,	℥ i.
	Aqua. Destil,	℥ iv.

Misce, S. Give a teaspoonful—to a child—every three or four hours, or, according to indications. I believe the mixture will—in ordinary cases—cut the disease short; and in protracted cases it will alleviate the most distressing symptoms of the disease. Occasionally assafœtida was given with good effect. But the most troublesome disease we have had to deal with in this vicinity for the last two years, is diphtheria. This complicated and fatal disease made its appearance in our County in September 1858, since which time it has proved fatal in a great many cases—the attacks being about in the proportion of two adults to three children.

There has been so much said and written upon this subject lately, that it is unnecessary to enter into a description of the symptoms, and I will only state that the trouble about the fauces and tonsils was not so difficult to get along with as the general prostration of the system; and other symptoms which would in almost all cases supervene throughout the course of the disease. Among these symptoms, I may mention the irregular action and painfulness of the muscles of the neck,

swelling, and sometimes suppuration of the parotid gland, pain, and sometimes convulsive twichings of the muscles of the extremities.

As a local application to the fauces and tonsils, we found the mur. tr. iron to answer the best purpose in all cases that came under our treatment. We tried the nitrate of silver, sulp. of copper, alum, and alum and sulp. of copper combined; but the tinct. of iron seemed to have the best effect in our hands.

The best remedies internally, seemed to be quinine, tinct. of iron, chlorate of potassa, and good porter or brandy with good nutritive diet.

BOOK AND PAMPHLET NOTICES.

REMARKS ON A REVIEW OF DR. BRINTON'S WORK, entitled, "ULCER OF THE STOMACH," by the *American Journal of Medical Sciences*, for July, 1859. By T. DEVILLE, M. D., Associate of King's College, London, late of Ecole Partique, Paris, and Prof. of Anatomy, Lind University.

The reputation of Dr Brinton as an anatomist, physiologist, and pathologist, has been now, for some time, well established in Europe. Few men in medical science have so rapidly risen to eminence; his investigations have been of a most extended and elaborate nature, and have conferred upon him a distinction of which he may well be proud.

Many of the best articles in the cyclopœdia of anatomy and physiology are from the pen of this highly gifted and talented physician, for example, "Serous and Synoval membranes," "The Eighth pair of Nerves," "Stomach and Intestines," &c. He was made associate of King's College, when the writer of this article became a matriculated student, and afterwards was appointed demonstrator of Anatomy and Medical Tutor. This creditable position gained at an early period of his career, was soon eclipsed by his appointment of lecturer on physiology at St. Thomas' Hospital, and physician to the Royal Free

Hospital, where he has had unbounded opportunities of becoming familiar with diseases, and drawing from them the rich material with which his book abounds.

To him the writer is greatly indebted for the knowledge he possesses in anatomy and physiology, having placed himself under the private tuition of Dr. Brinton, on entering on his college career, and it is but the homage due to this distinguished physician, that the writer now attempts the task of exposing an unfair criticism.

The reviewer contrasts the large materials announced by the author in his preface with the smallness of his results, and not only suggests doubts as to how far the field claimed to have been ranged by the author, has really been examined by him, but specifically questions the likelihood of any physician having met with 200 cases of gastric ulcer in fifteen years of practice, as Dr. Brinton states himself to have done.

So far as it is genuine, the contrast is one the reviewer had a perfect right to make. He is just as much entitled to say that Dr. Brinton has contributed little to our knowledge, as the great bulk of the medical press has had to express or imply the opposite opinion. The *London Medico Chirurgical Review* in four or five successive numbers, devoted a large part of its crowded space to the original researches Dr. Brinton sums up by these lectures. Those scarcely less eminent organs of scientific medicine, the Edinburgh and the Dublin Journals, have paid him high praise expressly for the originality and value of his researches; according to one, original in every line; according to the other, with-drawing successfully the various diseases of the stomach from the domain of conjecture, in which Dr. Abercrombie had permitted them to lie. This favorable verdict seemed confirmed by the translation of different parts of Dr. Brinton's researches into French, German, and Italian reviews. The various weekly journals unanimously came to the same conclusion, and differed from each other only in the seats which they selected for special mention. And as the chief, if not the only fault to these energetic and vivacious organs of medical opinion, is mere liability to a spirit of '*clique*,' it may firmly be surmised that a gentleman whom all agree to

be working usefully for the improvement of this branch of medicine, has not been judged on the slender grounds by which a *single critic* is occasionally prejudiced, for or against an author. So that, though the reviewer before us had a right to express his opinion, the profession in America are equally entitled to know *that it is a singular one*, and may fairly be asked to hear it appealed against.

But so far as the reviewer hints or intimates any thing more, or impugns, ever so obliquely, the facts of his author, he stands on a very different footing, and ought, in the name of common truth and honesty, to say either more or less. Dr. Brinton's rising success is not likely to be seriously effected by any carping critic. And though we happen to know that he is one of those who peculiarly values and studies what America is daily adding to medicine and to physiology, and comes of an English family, whose descendants in Philadelphia includes some of our most accomplished and respectable citizens; yet the question is not to be put on grounds even of justice or sympathy to an individual. The profession, which is deeply interested in labors such as his, is just as much interested that labourers of this kind should be appreciated, as that pretenders should be unmasked. The inducements to toils like his are not so many, nor the difficulties and risks so few, as that we can afford to diminish the former, and increase the latter, by what really seems either wonton carelessness or gross injustice.

Come we then to the book itself; and first as regards the observations, the author claims to sum up: twelve hundred records of gastric ulcer, noted during life, and verified after death, form the staple of his statistics. Six hundred of gastric cancers are also quoted; and finally such a series of gastric 'cirrhosis,' dilatation, &c., &c., as imply a range as wide, if not wider, than that which furnished the preceding. Let any one of our readers turn to the latest and best works on this subject; for example—Budd, on the Stomach—or better still, let him walk into the best museum of the largest city he may chance to inhabit, or visit, and we are very much mistaken if a consideration of the statements of the book, or the prepara-

tions of this museum would not show that both must be multiplied forty or fifty times over, to give what two of the European reviewers, have well termed the 'vast and elaborate' materials scattered with such unpretending profusion through Dr. Brinton's pages.

We can, however, excuse, if not pardon, the blindness of the Reviewer on one ground: that it is possibly congenital. The most material development, and the wide diffusion of intelligence in Europe, make the concentration and resources of our English scientific brethren a thing very difficult of accomplishment. The rich and numerous libraries and museums at the disposal of a highly educated London physician, have no parallel here. And though we do not wish to detract from the well earned credit Dr. Brinton has gained, of imparting into an obscure and vague department of medicine all the polish and precision of a philosophic inquiry, it is, we are firmly persuaded, neither a fault nor a misfortune that American physic cannot wait fifteen years, and range the literature and museums of half Europe before it writes its book. Suffering from no such metropolitan centralization as English physic is continually growling at, it can afford to receive at second hand these wide and elaborate summaries of disease. The hosts of people whose deaths are utilized in a single book like this, represent a class of diseases to a great extent unknown in this favored country. Want of food and fresh air, destitution of body and depression of mind, so prevalent in most of the great cities of Europe, form a fruitful source of the diseases treated by Dr. Brinton in the work under consideration. And our medical brethren, some of whose works on practical subjects are doing good service in English literature, are no fit objects for condolence in the circumstance that they cannot range a dozzen hospitals, or half-a-dozzen languages, for that slow and daily accretion of materials which inquiries like Dr. Brinton's claim to sum up.

What personal claim he has to belief, is a more delicate question; and one which, if these lines should meet the eyes of himself or his friends, we trust he will excuse us for opening up. But we think credibility of this kind is best decided

by evidenee of two kinds: internal and external; the statements themselves, and the results of personal knowledge. As respects the statements, the singular care with which every vagueness or blot is exposed by the author himself, might suffice to vindicate his accuracy. Every word seems to be weighed. His best conjectures, or most seductive theories, are never offered without the opposing facts which threaten, or limit, their value. In short, it is so absurd to imagine any question of his good faith, that we can hardly imagine his reviewer would, on second thought, affect to impugn it. As a matter of analogy, his lectures on Intestinal Obstruction, lately published in the *Lancet*, show him repeating, before the first medical audience in England, the Royal College of Physicians, the results of what he confesses to be a *comparatively imperfect range* of the subject; but yet states to extend over 12,000 *promiscuous necropsies*, and to refer to 600 necropsies of this disease! And in an early volume of the *Pathological Transactions* he casually contributed, with a deprecatory introduction by himself, a table, in which some *sixty cases* of a very rare malady, intra-cranial aneurism, are quoted, each with the specific reference to its original narrator.

The opinion in which his accuracy is held by those who know him personally, is a matter less easy to inquire into: but from all we can learn, he is regarded as unusually scrupulous, and perfectly trustworthy.

The doubt of the *two hundred* cases of gastric ulcer he claims to have had under his own care, is easily disposed of. The writer of this article has reason to know that Dr. Brinton's hospital patients for a long period amounted to the number of 300 weekly. And on turning to the monograph which gives the details of his observations on this disease, it will be found that only 4,000 cases are claimed by him as the yearly number he sees. Remembering the facilities afforded by these hospitals, and the way in which special attention to any particular class of diseases speedily secures to any hospital physician a vast influx of similar cases sent by grateful patients, or professional friends from among the millions of inhabitants in and

around London, it seems to us quite certain that, here as elsewhere, there is all the caution of an under-statement, instead of an exaggeration. Indeed, the reports of cases appended to this monograph bear dates which conclusively, though incidently, prove his numbers to be true—fifteen cases selected from the practice of a few months only. On the general value of his results we venture to side with the majority of his reviewers, and against the critic in question. From the first to the last page, every sentence is, as one of the critics has pointed out, carefully weighed; and, we would add, bears the impress of a refreshingly distinct personality. Originality is, indeed, everywhere so marked, that its least obtrusive manifestations go by with scarcely any notice. Our cotemporaries, for instance, generally speak of the introductory chapter on the "Physiology of the Stomach," as a good account which includes the latest discoveries and researches on the subject. And yet there is scarce a part of the book for which the author could more successfully claim originality, and even novelty. The office of the pylorus, the movements of the stomach during digestion, the mechanism of vomiting, and especially the structure of the gastric tubes in reference to the gastric juice, as well as the relation of this secretion to the blood, if not the mechanism of its secretion—all these are treated of, in a manner which is as novel as it is original; and implies no ordinary amount of experimental and inductive skill.

The reviewer's last protest is against the word "cirrhosis" of the stomach; in alluding to the imperfections of which, he, by the way, only follows the author himself, who points them out in a foot-note. As regards "linitis," the term suggested to be preferable by Dr. Brinton, we can only say that it seems as good Greek as most of our nosological terms, and certainly expresses both the nature and seat of the lesion. And since, after all, things must be denoted by some words, we really think that a reviewer who agrees with his author in the necessity for making a new sub-division in the species of any science, ought not to be contented with expressing a vague dislike of the term, which does what he thus confesses to be indispensable; but should show its faults, and suggest a better.

We allow that the style of the book is open to exception. Here again, however, the author in his Preface is beforehand with the critic. It is not intended as a text-book; but addressed to advanced students, and not to the practitioner of thirty years age; and supplemental to the systematic lectures of himself and his colleagues. The book, an *octavo*, and not a duodecimo, as seen by the somewhat prejudiced eyes of the reviewer, corresponds with this purpose; and requires that its reader should either come to its perusal possessed of the average information hitherto known on the subject, or prepared to give his full attention to the terse-pithy sentences and careful qualifications, in which the author deliberately chooses to impart his knowledge. That a book so written should be easy and fluent was impossible, without a latitude of dimensions which would have destroyed their original form; and we would add, that rightly or wrongly, the British public dislikes monographs, and will not read them, or even buy them. So that most men who devote themselves to illustrate and advance any department of medical science, must choose either the general and half-educated reader on the one hand, or the real student on the other.

CLINICAL CASES.

BY THE EDITOR.

Case 1. *Hemoptysis,—Premonition, &c.*—Mrs. D———, an intelligent American woman, aged about 24 years; was attacked with pulmonary hemorrhage on the 25th of August, 1860. Two days previously to the attack, she told her husband that she was about to have hemorrhage from the lungs, from which she should never recover, and became much depressed and nervous.

The husband, who was an educated physician, endeavored by reasoning and cheerful conversation to remove her fears, more especially as she was in her usual health. The impression, however, remained indelibly fixed on her mind, until the bleeding actually commenced.

I was called to see her a few hours after the flow of blood commenced. Found her face pale; her mind and nervous system much agitated; pulse 130 per minute, and moderately full; respiration short and hurried; with almost constant, though not rapid, expectoration of fresh blood. There was a great sense of oppression across the chest; or a mixed feeling of faintness and suffocation. At the time of my arrival, she had taken a solution of common salt as freely as her stomach would bear, and also a solution of gallic acid. Subsequently she took in succession, acetate of lead with morphine to allay the nervous excitement, alum, tinct. matico, tinct. gelseminum, oil turpentine, and quinine. But none of these, aided by the most perfect quietude, produced more than a very temporary and partial suspension of hemorrhage. So constant and considerable was the discharge of blood, that at the end of the third day, she was extremely pale; pulse frequent and soft; skin cool; with great sense of oppression across the chest, faintness, and frequent palpitations of the heart. The prostration was so great, and the bleeding so persistent, as to render the prognosis decidedly unfavorable.

At this stage of the case we advised the tinct. ferri murias, and tinct. of ergot, equal parts, of which 40 drops were taken every two hours. Under the use of this mixture the hemorrhage ceased in less than twenty-four hours, and has not been renewed since. The remedy was continued in smaller doses and at longer intervals for eight or ten days. There was no cough before the attack of hemorrhage, and there has been little or none since, although several weeks after the attack, there was sufficient alteration of the respiratory murmur and increased dulness on percussion, over the infra-clavicular region of one side, to justify the suspicion that turbercular deposit existed. There is evidently a hemorrhagic diathesis in the family, inasmuch as the father of the patient and one sister had previously died from Hemoptysis.

Case 2. *Hemoptysis in an Infant aged eight months.—Probable congenital tuberculosis.*—The child of Mr. B—, was a male, apparently healthy at birth: That is, to all outward appearance, it was

well formed, plump in flesh, and active. It was soon observed, however, to breathe habitually short and more hurridely than natural. As it became old enough to make muscular efforts, or attempts at play, this peculiarity was more observable, and when a sleep, there was often a peculiar grunt with each respiration. The pulse was more frequent than normal, and there seemed to be an unusual susceptibility to cold, with occasional short cough. Still the child continued to be well nourished, and presented the outward aspect of fair health. At about the age of eight months, it was suddenly attacked with hemorrhage from the lungs. It was soon checked; but within twenty-four hours, it returned, and so copiously as to produce suffocation almost immediately. A *post-mortem* examination revealed the existence of a single mass of tubercular deposit full an inch in diameter, located near the centre of the upper lobe of the right lung. The central part of this mass was softened to a semi-fluid consistence, while the circumference remained firm. The hemorrhage proceeded from the rupture of a small vessel on the margin of this tubercular mass. Two or three small masses of tubercle existed in the same lobe of the lung, but the rest of the lungs and all the other viscera were healthy. Both the parents appear to enjoy fair health, and there is no known hereditary tuberculous tendency in the family of either.

SELECTIONS.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, Oct. 17th, 1860.—Discussion on Tetanus.—The President, Dr. John Watson, read a paper on tetanus, of which the following is an abstract:—Tetanus may originate as a primary or secondary disease, the former being the idiopathic, the latter the traumatic form. Idiopathic tetanus is rarely seen in this city, though it is not uncommon in certain localities. Traumatic tetanus is not always due to mechanical injuries, but may result from burns, ulceration from frost-bitten limbs, chemical irritants, congenital syphilis. Trismus nascen-

tium, so frequent in warm climates, he has never seen. Tetanus, then, as seen in this city, is assignable to some pre-existing local irritation, which affects innervation of the excito-motory apparatus. The severity of the attack bears no relation to that of the wound, a slight scratch, or abrasion of the skin, having in his observation induced a fatal attack. Tetanic symptoms may supervene immediately after the injury, or be delayed for weeks, even until the wound is healed. An angry wound, however, or an ulcer in which suppuration has been arrested, is more liable to be the precursor of an attack. When tetanus is about to occur, no remedies addressed to the wound, such as removal of the cause, amputation of the limb, &c., can arrest it. Tetanus belongs to the class of self-limiting diseases; it rarely lasts beyond the fifth week, and, when general, seldom subsides before the close of the third week. When about to terminate in health its order of retrocession is rarely the same as its onset, nor is its apparent subsidence always permanent. The author entered minutely into the symptomatology of the disease. In fatal cases death is apt to occur within four or five days, either by asphyxia, spasm of the heart, or exhaustion. Where death occurs during a paroxysm it is more often due to the former cause. Several illustrative cases were adduced by the author, in one of which he performed tracheotomy with only temporary relief. Spasm of the heart as a cause of death in tetanus is denied by some writers, but Dr. Watson reports a case in which the fatal result was attributable to that cause, the muscular fibres of the organ being found hard and rigid like cartilage. A case was also given, fatal after amputation of the arm for its relief. In regard to the mortality from this disease, Dr. W. believes that excluding cases in which the employment of powerful remedies has been excessive, and those cases fatal from the severity of the original injury, not less than one-third, or perhaps one-half of those judiciously treated, recover. Of thirty-three cases, of which he has memoranda, occurring in private and hospital practice, and with every grade of injury, there were eleven recoveries. These successful cases were reported at length, and illustrate the author's mode of treatment, which is assafœtida, wine, and fluid nourishment, or, in other words, support, and guarding against spasm. The assafœtida is administered by the rectum, or in a watery emulsion.

Dr. A. H. Stevens, in reference to the relation of cold as an exciting cause of tetanus, referred to a case of fissure in anno which he had operated upon several years ago. The gentleman lived in the country, and the operation was performed on Sunday, with the understanding that the patient should re-

main in town until the following Tuesday. Contrary to directions, however, he started for home on the afternoon of the same day, and being exposed during the night to a draught of air in his state-room in the steamboat, caught cold, which in the course of a few days eventuated in tetanus. The treatment consisted of opium, mild enemata, and the free use of beef tea. The case was successful in its issue. Dr. S. further remarked, that he looked upon a person who was suffering from tetanic paroxysms in the same light as one who was being subjected to hard labor; hence the attendant copious perspiration, and consequent exhaustion. He did not think that the necessity for a mild course could be too strongly urged. In conclusion, he expressed his entire concurrence with the views set forth in the paper.

Dr. J. Marion Sims remarked that the late Dr. Drake established the fact in regard to the traumatic tetanus and hydrophobia, occurring in the valley of the Mississippi, that they bore an inverse ratio to each other; that as you go south attacks of the former become more frequent, while the tendency to hydrophobia decreases. So far as the progress of the disease was concerned, all the cases that Dr. Sims had seen were self-limited in character, and also self-curative. He further stated that according to Curling the cases terminated hebdomadally or at the multiple of an hebdomadal period, and that if the disease lasted over a week there was a probability of recovery. Dr. S. advocated the sustaining treatment, but stated that he had seen but very few recoveries take place in the south, where he believed the disease was more fatal in its tendency than elsewhere. He referred to a case which occurred to him fifteen years ago at the south, of a negro who was seized with tetanus in consequence of a punctured wound in the foot from a nail. Having on consultation of authorities seen division of the nerve recommended, he determined to perform such an operation upon the post-tibial. This being done, marked amelioration of the symptoms followed, and the patient finally recovered. In regard to *Trismus Nascentium*, he stated that he had published a paper upon that subject, in the *American Jour. Med. Sciences*, some time in 1848, illustrative of his peculiar views of that disease; that he considered it a disease of centric origin by mechanical compression of the medulla oblongata. The first few cases were of such a character as to induce him to believe that the pressure was occasioned by the occipital bone; subsequent observations, however, established the fact that lateral pressure might produce it equally as well. At that time also he advanced some theoretical views as based upon his first few cases, which, however, he was since compelled to retract. He

stated that in parturition the occipital bone was depressed and overlapped by the two parietals at the lambdoidal suture, for the purpose of accommodating the diameters of the head to those of the pelvis; and that if the bone was allowed to retain its position there was always danger. It is a disease that very seldom occurs after the ninth or tenth day, but is most usual during the first three or four days of existence. Contrary to the generally-accepted opinion, it is liable to occur in the coldest climates. In conclusion he referred to the following case, occurring in the practice of Dr. Griscom. The child had suffered from the following symptoms during thirty-six hours: borborygma; greenish passages from the bowels; constant sleeplessness; inability to suck; moaning and slight spasmodic twitches. On examination of the cranium, the peculiar abnormal relation already referred to between the occipital and parietal bones was noticed; the child was placed upon its side in such a way that the weight of the head rested along the edge of the os frontis, and in about a minute after the child became perfectly quiet, and slept four hours. An hour after waking all the unpleasant symptoms had subsided, and the little one was able to take the breast.

Dr. McNulty remarked that it was a scientific maxim that, like causes under like circumstances must of necessity produce like results. This being the fact, if this rule was applied to tetanus, it would be found that the disease was not the result of local injury, inasmuch as very few of the vast number who received such injuries suffered from any tetanic spasms. He thought that it was necessary to suppose in those cases where persons did suffer from the disease, that a tetanic diathesis existed, and that the wound was merely the exciting cause.

Dr. Watson remarked that Dr. McNulty took very singular views of the subject. According to such a theory it would be as well to suppose that hydrophobia did not depend upon the bite of a dog, because every one bitten did not suffer from the disease.

Dr. J. P. Batchelder stated that in every case of tetanus that had come under his observation, the *first* symptom which showed itself was a *stiffness of the muscles of the leg.* He thought that such would be found to be the fact in all cases, if the patients were interrogated with reference to that point. In his experience, if the patient survived the first week with a pulse not over 100, he would get well.

Dr. H. D. Bulkley recollected being told by Dr. Knight of a case of idiopathic tetanus.

Dr. M. G. Porter referred to a case of idiopathic tetanus which occurred to him four or five years ago. The patient was ten

years of age; the attack was a very severe one, and recovery was the result of a free use of brandy and beef-tea. From the absence of evidence to the contrary, he considered the case as unquestionably idiopathic in character.

Dr. J. Foster related the history of a case of tetanus which seemed to have been caused on two successive occasions by the administration of bi-chloride of mercury.—*Amer. Med. Times.*

The American Medical Monthly and New York Reviewer. October.—Art. 1.—*Clinical Researches on the Action of Diuretic Remedies*, by Austin Flint, M. D.—The author gives the report of ten cases in which he reports from day to day the treatment, quantity of urine, specific gravity, and amount of solids in twenty-four hours. The acetate of potassa was given in three cases, all of which were cases of sub-acute rheumatism, with the effect of increasing both the quantity and solid constituents of the urine. The nitrate of potassa was given in six cases, viz. four of ascites dependent on cirrhosis, and two of albuminuria from Bright's disease; and in all the cases, save one, the remedy was followed by an immediate increase of the quantity of urine and amount of solids. The exceptional case was one of albuminuria in which vomiting and purging were prominent symptoms, and the remedy appeared to act as a cathartic. Digitalis, squills, and juniper were given in combination in two cases of albuminuria; in one no diuretic effect was produced, but in the other the quantity of urine and the amount of solids were increased in the same proportion. Iodide of potassium was given in one case of albuminuria; the dose was small, and no diuretic effect produced. In one case of subacute rheumatism the wine of colchicum was given, which appeared to increase the amount of solids, while the quantity remained unchanged. The external use of diuretics was employed in three cases, in which a mixture of the tinctures of digitalis, squills, and iodine was applied freely over the abdomen twice daily, accompanied with brisk friction, with apparent diuretic effect. The author concludes that not much reliance can be placed upon the value of diuretics in the treatment of ascites dependent upon cirrhosis, as they augment the solids out of proportion to the increase in quantity, thereby tending to injure rather than benefit the patient; that they may sometimes be usefully employed in the treatment of albuminuria dependent on Bright's disease; that the rational indication in the treatment of subacute rheumatism by diuretics is to increase the solids of the urine, and the acetate of potassa seems to fulfil this indication. He offers to furnish a proper

field of study to any competent young man willing to devote a portion of his time in the further pursuit of this subject. ART. 2.—*Lecture on Displacements of the Uterus*, by E. R. PEASLEE, M. D. ART. 3.—*Lecture on the Physiology of the Circulation*, by J. C. DALTON, JR., M. D. ART. 4.—*A new instrument for the local application of anæsthetic and stimulating vapors for deafness, neuralgia*, &c., by H. P. DEWESS, M.D., NEW YORK. It consists of a delicate retort with nozzel projecting an inch and a half, perforated by a capillary aperture, and a supply-tube rising about an inch above the level of the neck; this being filled with ether is placed in a glass-receiver, filled with moderately warm water, and the nozzle applied to the part affected.—*Amer. Med. Times.*

On the Prevention of Pitting in Confluent Small-Pox. By WILLIAM STOKES, M. D., Regius Professor of Physic in the University of Dublin.—[The various modes previously employed, with a view of preventing pitting in cases of small-pox, may be thus enumerated:]

1. The puncture of the pustules when matured.
2. The application of nitrate of silver.
3. The application of oil, or of the *linimentum calcis.*
4. The covering the face with a solution of gutta percha, with collodion, or with glycerine.

[The first of these modes is best adapted to a benign form of the disease, in which the pustules, though numerous, remain discrete for a longer period than in the severer cases. As to the second mode, Dr. Stokes has had no personal experience; it will be most suitable, like the last, in milder forms of the disease. The third form Dr. S. has tried, but does not consider either application of much value, though the linimentum calcis is preferable.]

During the past five years I have used gutta percha and collodion in a considerable number of cases. These, however, were not by any means examples of the worst form of the disease. In most of them the crust came off in large flakes or patches, composed obviously of the dried exudations and the covering material, and leaving the skin uninjured. To render this treatment effective, at least so far as the exclusion of the air is concerned, it is necessary to renew the application at intervals of from twelve to twenty-four hours; for the covering seems to be repeatedly broken up by the advance of the eruption and the swelling of the parts. Some patients are greatly distressed by the feeling of constriction caused by the

coating of gutta purcha or collodion, and in general the treatment in question appears unadvisable where there is much vascularity, heat or swelling.

Looking at the frequency of pitting on the face, as compared with that of other parts of the surface, it is not easy to account for it, unless by referring to the fact that, while the rest of the surface is kept covered, and so not only comparatively excluded from the action of the air, but in a state of humidity, the integuments of the face remain in a dry and heated state—first, from the action of the external air, and next, from the increased vascular action. Hard and hot scabs are formed, and the ulcerative process makes its way downwards to a greater or less degree. Some have held that the liability of the face to markings was to be explained by anatomical considerations. However this may be, it will be found that in cases in which from an early period certain portions of the face have been kept protected from the action of the air, and in a permanently moist state, pitting does not occur. This may be seen in cases of sthenic confluent small-pox, where, with the view of preventing the adhesion of the eyelids, poultices have been used over the eyes. In such cases it will be often found that every part of the face is marked, except those over which the little poultices had extended.

The application of poultices over the face appears to me to be the surest mode of preventiug the consequent disfigurement. We should commence their use at the earliest period, and continue it to an advanced stage of the affection. In most cases they may be applied even over the nose, so as to cover the nostrils, for these passages are generally so obstructed as to be for the time useless to the patient. If the nostrils can be kept pervious by injections, the poultices need not be applied over their orifices.

If the chances of marking are in proportion to the activity of the cutaneous irritation, we may hold that this method should fulfil three important indications of treatment—

1. The exclusion of air;
2. The moderation of the local irritation; and,
3. The keeping of the parts in a permanently moist state, so as to prevent the drying and hardening of the scabs.

The value of this treatment, however, will, I fell convinced, be best seen in the inflammatory or sthenic form of the disease. The best poultice will be that formed of linseed meal, which should be spread on a soft material, such as French wadding, and covered with the gutta-purcha paper or oiled silk. I have never had occasion to repeat the adoption of this practice.

[Dr. Stokes sums up his paper with the following conclusions:]

1. That the chances of marking are much greater in the sthenic or inflammatory, than in the asthenic or typhoid confluent small-pox.

2. That considering the change in the character of disease, both essential and local, observed during late years, we may explain the greater frequency of marking in former times.

3. That in the typhoid forms of the disease the treatment of the surface by an artificial covering, such as gutta percha, or by glycerine, will often prove satisfactory.

4. That in the more active or non-typhoid forms, the use of constant poulticing, and of every other method that will lessen local inflammation, seems to be the best method of preventing the disfigurement of the face.—*Dub. Quarterly Journal*, p. 111.

EDITORIAL.

MEDICAL SCHOOLS IN CHICAGO.

Lind University.—The Medical Department of Lind University commenced its Second Annual Course of Lectures on Monday, October 7th. Prof. W. H. Byford delivered the general introductory Lecture, to a very full and intelligent audience, composed of Students, members of the Profession, and citizens. The incentives to high attainments in the science and practice of Medicine, constituted the theme of the Lecturer; and these were developed and urged upon the attention of the Students, in a manner both pleasing and profitable. The full Course has now been progressing four weeks, with perfect regularity and satisfaction in all its departments, and the number in attendance shows a very gratifying increase over the class of last year. We have learned that this increase would have been much greater, had it not been for an impression circulated industriously, to the effect that Students attending their first course in the Junior department of this University, would not receive credit for a full course, if they should wish

to attend a second and graduate in any of the schools in Philadelphia or New-York. If there ever was any foundation for this story, it is entirely removed by the more perfect arrangements of the present term. For while the Faculty strictly adhere to the original rule of holding all junior students responsible for close attention to, and a thorough examination on, the important branches specially included in the junior department, they have so arranged the lecture hours that they are also privileged to attend all the Lectures on the practical branches. They will thus become entitled to, and will receive, a certificate of attendance on a full course of *five* months, including all the branches usually taught in the best Medical Colleges in this country.

Rush Medical College.—We are informed that the regular Annual Course of Lectures in this institution will commence on Wednesday evening, Nov. 7th. The number of Students attending the preliminary Lectures up to the present time, indicate a class for the full term of about the same number as in former years.

Hahnemann Medical College.—Under this title, the practitioners of Homœopathy in this city, during the past summer, organized a Faculty, fitted up Lecture rooms, got the usual puffs in the newspapers, issued numerous circulars, and finally when the eventful day was near at hand on which they had fixed for opening the institution, they advertised a whole week of Introductory Lectures. The week came and passed away, and with it *three Students*, one of whom had been previously appointed "Demonstrator of Anatomy." But as all three of the students wanted their tickets on credit, we believe the Faculty has never progressed in its course beyond the introductories. In other words, the "Hahnemann Medical College, of Chicago," stopped just after it started. We hope our friends of the Hahnemannic order will not be discouraged. We would suggest to them an appeal to the Ladies for another *benefit.*

CHICAGO ACADEMY OF MEDICAL SCIENCES.

Regular Meeting, Nov., 2d, 1860.

Dr. Hamill, President, in the Chair.

After the usual preliminaries, Dr. M. O. Haydock, who had been appointed to deliver the anniversary address, read a paper on Leucosythema. Some discussion was elicited by this paper, from which it would appear the disease in question is of very rare occurrence in this city. We hope to give the paper of Dr. Haydock entire in our next issue.

Hooping-Cough constituted the special topic for discussion at this meeting; and elicited remarks from Drs. Bevan, Bloodgood, Haydock, Schlœtzer, Hamill, and Davis.

Dr. Bloodgood stated that he had used the Belladonna in many cases of this disease; in some with prompt benefit in lessening the severity of the cough, and apparently shortening the duration of the disease, while in others it seemed to exert no influence. He had found the extract more efficacious than the tincture. Dr. Heydock had met with the same variable results from the use of Belladonna, but had generally found benefit from the use of cochineal with the alkalies. Dr. Schœltzer, stated that he had usually seen Hooping-Cough promptly and permanently relieved by feeding the patients on meet and rich animal broths with plenty of wine. He recommended to a child two years old half a pint of wine per day. Dr. Davis inquired whether the difference in the effect of Belladonna and other narcotics on different cases of this diseae, was not owing to diverse pathological conditions of the air passages? For while the disease was doubtless essentially spasmodic and dependant on a peculiar irritation established in certain nerve structures, there often existed coincidently, especially during the first two weeks, a low grade of irritation in the bronchial mucous membrane. When such was the case, he had not found Belladonna or any other narcotic to act beneficially unless combined with an expectorant. The discussion was maintained with interest until the hour of adjournment.

SCOTT COUNTY MEDICAL SOCIETY.

The Scott County Medical Society held its regular quarterly meeting at the City Hall, Davenport, on Tuesday, Oct. 30th, commencing at 10 o'clock A. M., a fair number of members being in attendance.

The President, Dr. Gamble, being absent, the Vice President, Dr. Witherwax, took the Chair.

Dr. Lyman Carpenter, of Blue Grass, stated through the Censors that it was his intention to remove from that State, and requested of the Society honorable dismissal. Action upon the matter was postponed till the afternoon session.

After the transaction of other business the Society adjourned till 2 o'clock P. M.

AFTERNOON SESSION.

Dr. Gamble, the President, appeared and called the Society to order.

The request of Dr. Carpenter, made at the morning session, was unanimously complied with, and the President and Secretary were directed to issue an appropriate card of dismissal.

Dr. Barrows then offered the following preamble and resolution, which were adopted unanimously:

Whereas, Dr. Lyman Carpenter, one of the founders as well as one of the most respected members of this Society, has requested and had granted an honorable dismissal, for the reason that he is about to remove from the State of Iowa; therefore,

Resolved, That this Society cannot but regard with pleasure the relations which have been uniformly maintained with our departing brother, and regret that it has become necessary for him to dissolve his connection with us; also, that Dr. Carpenter carry with him those assurances, upon our part, of continued interest and regard which a consistant medical career in our midst so eminently deserve.

Dr. Fountain presented a case of recovery from hip joint disease in the person of a child nine years of age, the same having been effected under the influence of a mode of treatment which Dr. F. detailed at length.

Dr. Parry read a paper describing a fatal case of poisoning occasioned by swallowing the seeds of the stramonium (thorn-apple or Jamestown weed). The reading of the paper elicited considerable discussion, and many members stated cases of a similar character coming under their observation, although not always with fatal results.

In connection with the subject, resolutions were offered by Dr. Parry, and adopted, requesting the City Council of Davenport to declare the poisonous weed a nuisance, and to take measures for its extirpation.

Dr. Fountain offered the following preamble and resolution:

Whereas, The medical profession are everywhere cognizant of the fact that the crime of *criminal abortion* is fearfully prevalent, and increasing in all classes of society; and

Whereas, The progress of civialization and the spread of religion appear not to have had the effect of diminishing this species of iniquity; therefore be it

Resolved, 1. That the members of this Society will co-operate with the American Medical Association and other organizations of the kind in using every effort to disseminate a knowledge of the criminal nature of practices which are too often regarded as harmless, and frequently resorted to by many who would shudder at the thought of destroying the life of a human being.

2. *Resolved*, That the members of this Society unite in sentiment with the opinion of the best and most learned men of the profession in all parts of the world, that the fœtus is a living being from the earliest period of gestation, the willful destruction of which, except when required for the preservation of the life of the mother, is a crime as monstrous as infanticide, and its perpetrators should be regarded as felons by the laws of man, as they must be by every precept of morality.

3. *Resolved*, That every member of this Society who may be known to yield to the solicitations of any party for the purposes above indicated, shall forfeit his membership and be regarded as unworthy of fellowship by all honorable physicians.

4. *Resolved*, That it shall be considered the duty of every physician, when application for such purpose is made, not only to decline promptly, but to exert his personal influence to the utmost to prevent its accomplishment, by explaining its crim-

inal character and removing as far as possible the erroneous opinions which are so generally prevalent regarding the life of the fœtus.

5. *Resolved*, That we denounce the common practice of newspaper proprietors in publishing advertisements which are calculated to encourage the practice of criminal abortion, as one prolific cause of a vast amount of crime and immorality, for which such newspaper editors and proprietors are thereby in a great degree responsible.

6. *Resolved*, That we likewise denounce the practice of many druggists in keeping for sale and dispensing such preparations as are kuown to be used for the purpose of producing abortion, which practice is no less reprehensible than to furnish poison when knowingly purchased with murderous intent, and by which all such druggists are *participis criminis* in the evil work of corrupting good morals, and willfully engaged in aiding and assisting in the perpetration of a crime which should be held in abhorrence by every member of a civilized and Christian community.

Which, having been read and commented upon, were unanimously adopted:

The application of Dr. Bowen, of Le Claire, for membership was laid over till the next meeting.

Dr. Baker was continued as essayist, after having rendered a satisfactory excuse for non-performance of duty at the present time.

Drs. Fountain, Keith and Adler, were appointed the committee on prevailing diseases.

A vote of thanks to the City Council, for the use of the council-chamber, was adopted.

The Society then adjourned.

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EDITED BY

N. S. DAVIS, M. D., AND E. A. STEELE, M. D.

PUBLISHED BY WM. CRAVENS & CO.

132 LAKE-ST., CHICAGO.

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